

Glamorgan County Council.

REPORT

OF THE

Medical Officer of Health

FOR THE YEAR 1957

W. E. THOMAS, B.Sc., M.B., B.Ch., D.P.H.
MEDICAL OFFICER OF HEALTH

CARDIFF :
WILLIAM LEWIS (PRINTERS) LTD.

HEALTH COMMITTEE.

(All Members of the County Council, plus three co-opted Members.)

Chairman : County Alderman Thomas Evans, J.P. (Pontardawe.)

Sub-Committees.

Health Administration Sub-Committee. (15 Members.)

Chairman : County Alderman The Rev. W. Degwel Thomas.

Nursing Services Sub-Committee. (50 Members.)

Chairman : County Alderman Thomas Evans, J.P. (Pontardawe.)

General Health Services Sub-Committee. (50 Members.)

Chairman : County Councillor W. R. Francis, J.P.

Special Health Services Sub-Committee. (50 Members.)

Chairman : County Alderman Mervyn W. Payne.

Appointments Sub-Committee. (26 Members.)

Chairman : County Alderman Thomas Evans, J.P. (Pontardawe.)

The Chairman and Vice-Chairman of the County Council and the Chairman and Vice-Chairman of the Health Committee are *ex-officio* members of all Sub-Committees.

Glamorgan County Council.

To the Chairman and Members of the Health Committee.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present my annual report for 1957. The narrative gives an account in some detail of the services for which the Health Committee is responsible under the National Health Service Act, 1946, and therefore, this preface merely pin-points some of the more important features of the work undertaken during the year and also refers to the main vital statistics.

The Registrar General's estimate of the population of the Administrative County was 740,600, an increase of 2,600 as compared with 1956. The excess of births over deaths was 2,996, the birth rate increasing from 15·76 per 1,000 to 16·31 while the death rate remained at 12·27 compared with 11·5 for England and Wales. Despite the widespread influenza epidemic the mortality among the aged showed no unusual features.

The high infant mortality rate of 31 per 1,000 births continues to be a cause for concern, as a determined effort has been made to reduce this to something approaching the England and Wales figure of 23. Dr. E. C. Powell has reported on this problem in the Caerphilly and Gelligaer Division and it is disconcerting that those County districts which are blackspots one year improve considerably the next year, only to find that the infant mortality rate for the adjoining area has jumped. An example of this is the Glyncoirwg Urban District, which after many years as one of the areas with a high infant death rate, was one of the lowest in 1957. It must be borne in mind, of course, that the numbers of births involved are not high and result in chance variation from year to year.

The investigations into the causes of infant deaths and stillbirths in the Mid-Glamorgan Division carried out by Dr. Kathleen Davies and, in the Caerphilly and Gelligaer Division by Dr. E. James, have as yet shown no conclusive cause contributing to the higher rates, but a careful study of their research is now being undertaken.

The findings of the Peri-Natal Survey covering the whole of England and Wales arranged by Dr. Neville Butler in March this year, in which the midwives and health visitors assisted, will be of the greatest interest.

The maternal mortality rate was 0·73 per 1,000 births. This reduced rate is due to the improvement in the obstetrical service, both hospital and domiciliary and it is with pleasure I report on the continued good relations with the hospital and general practitioner services. Many criticisms have been levelled at the tripartite responsibility in the care of the expectant mother, but one can say that the outcome of the meetings called to consider the Ministry memorandum on the prevention of toxæmia of pregnancy reported upon in my annual report for 1956, contributed to a better understanding.

The important point is that someone accepts responsibility for the care of the mother during her pregnancy, thus in some areas where the general practitioners hold regular ante-natal clinics of their own the attendance at the Authority's clinics declines, whereas in other areas the mothers, with the consent of their doctors, visit our clinics regularly and it will be noted that the total number of attendances was only 86 lower than the previous year. Infant welfare clinic attendances were 184,721, an increase of 7,009 over 1956.

The most acute problem in the Maternity Service in Glamorgan is the shortage of domiciliary midwives and, as I have informed the Committee previously, great difficulty is being met in ensuring adequate coverage with midwives in several of the divisions. This is often only possible at the expense of the midwives' leave periods and, while they have so far frequently foregone their off duty it cannot be expected that they should continue to do so and sooner or later the attraction of a nursing appointment with regular hours may prove irresistible. It is to their credit that those who have had to shoulder additional duty have remained loyal.

The Health Visiting Staff, while continuing to devote most of their time to the care of mothers and young children, have also taken a greater part in the wider duties assigned to them, particularly in the field of health education. This has resulted in the need for more specialised visiting, which accounts for a drop of 17,726 in the number of visits paid during the year. Miss E. G. Wright, the County Superintendent Health Visitor, comments in the report on the Mothercraft classes.

The work of the Home Nursing Service continues to expand. Over 50 per cent of the 572,066 visits were to patients over 65 years of age, which is some indication of the home care given to the aged chronic sick, many of whom would otherwise make demands on the limited hospital bed accommodation.

The Home Help Service also plays an important supporting role in the care of old people, but the demand still outstrips the supply. The Divisional Office staff are to be congratulated on the planning and administration of this Service, as it is no easy task to allocate the available help to those cases of greatest need. Seventy-nine per cent of the cases were the aged and chronic sick. The Home Helps themselves have earned the gratitude and praise of those assisted, complaints being exceptional, and it must be borne in mind that the work calls for fundamental qualities of tact and sympathy.

Mr. G. F. Austin, who was appointed County Ambulance Officer in 1948, resigned during the year to take up duties in a similar capacity in Essex. His drive and ability contributed in no small measure to the efficiency of the Ambulance Service in the County and I wish to express my gratitude for the valuable assistance which he gave during his term of office. His successor, Mr. D. I. Morris, took up duties on the 1st August, 1957.

One of, if not the most important functions of a health department is the prevention of disease and the eradication of some of the major infectious diseases such as smallpox, diphtheria and typhoid fever is almost complete, although it is necessary to be on guard always.

The Poliomyelitis Vaccination Campaign which will, it is hoped, wipe out this disease also continued during the year and a concentrated effort on the part of all those concerned has resulted in the protection of over 44,000 children since the scheme commenced, of which 39,394 were inoculated in the year under review.

The combined inoculation against whooping cough and diphtheria was discontinued during the year, but if the protection afforded by poliomyelitis vaccine is found to be good, then it should be possible to revert to the combined vaccine again, thus avoiding at least two of the injections infants are now given.

Tuberculosis is not yet conquered, but the number of deaths from this cause continues to decline, the number of deaths from pulmonary tuberculosis being 102 compared with 139 in 1956. Notifications of non-pulmonary tuberculosis, however, increased by seven, despite the fact that the whole of Glamorgan is now a scheduled area under the Milk Special Designations Regulations. The public health inspectors keep constant check on milk pasteurising plants but, even so, the occasional sample shows inefficient pasteurisation, usually due to some small error in the technique of processing.

The mental health responsibilities of the Committee have assumed even greater importance following the publication of the findings of the Royal Commission on the law relating to mental illness and mental deficiency. Dr. R. T. Bevan, in addition to his many other duties, has continued to accept responsibility for the supervision of this Service. Plans have already been made for the strengthening of the staff responsible for community care and the Department is now in a better position to meet many of its new commitments in this field. One of the urgent priorities is the provision of occupation centres and the new centre for the Rhondda will be completed in the near future.

In conclusion, it is with pleasure I again express my thanks for the continued support of all members of the staff of the Department in carrying out their duties and also for the understanding and consideration which I have always received from the Chairman and members of the Health Committee.

I am,

Your obedient servant,

W. E. THOMAS,

County Medical Officer.

PUBLIC HEALTH DEPARTMENT,
COUNTY HALL,
CARDIFF.

August, 1958.

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NATIONAL HEALTH SERVICE ACT, 1946.

DIVISIONAL ADMINISTRATION.

Under the Glamorgan County Council Scheme of Divisional Administration, the day to day administration of local health functions under the National Health Service Act, 1946, with the exception of the Ambulance Service (Section 27) and the Mental Health Service (Section 51) is delegated to nine Health Divisions under the immediate control of the undermentioned Divisional Medical Officers :—

<i>Health Division.</i>	<i>Divisional Medical Officer.</i>	<i>Address.</i>	<i>Telephone No.</i>
Aberdare and Mountain Ash	J. Llewellyn Williams, M.R.C.S., L.R.C.P., D.P.H.	Divisional Health Office, Rock Grounds, Aberdare	Aberdare 441.
Caerphilly and Gelli-gaer	E. C. Powell, M.R.C.S., L.R.C.P., D.P.H.	County Council Offices, Caerphilly Road, Ystrad Mynach	Hengoed 3171.
Mid-Glamorgan ..	Kathleen Davies, M.B., B.Ch., B.Sc., M.R.C.S., L.R.C.P., D.P.H.	County Council Offices, Quarella Road, Bridgend	Bridgend 700/1.
Neath and District ..	H. R. Stubbins, M.D., D.P.H. ..	Divisional Health Office, Dyfed Road, Neath	Neath 2481/2.
Pontypridd and Llantrisant	T. Islwyn Evans, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.H.	County Council Offices, Court-house Street, Pontypridd	Pontypridd 2275.
Port Talbot and Glyn-corrwg	D. H. J. Williams, M.R.C.S., L.R.C.P., D.P.H.	Divisional Health Office, Park House, Theodore Road, Port Talbot	Port Talbot 2137.
South-East Glamorgan	D. Trevor Thomas, M.R.C.S., L.R.C.P., D.P.H.	Old County Council Offices, Westgate Street, Cardiff	Cardiff 22336/7.
West Glamorgan ..	G. E. Donovan, M.Sc., M.D., B.Ch., B.A.O., D.P.H.	Divisional Health Office, 5, St. James' Crescent, Swansea	Swansea 57894/5.
Rhondda	R. B. Morley-Davies, M.B., B.Ch., B.Sc., D.P.H.	Divisional Health Office, 4, Llewellyn Street, Pentre Rhondda	Pentre 2139.

In the interests of efficiency, minor administrative adjustments as follows have been made in the scheme to allow certain areas situated in or near Divisional boundaries to be covered for some or all local health purposes by the immediately adjacent Health Division :—

<i>Area affected.</i>	<i>Division in which situate.</i>	<i>Service concerned.</i>	<i>Division to which responsibility transferred.</i>
Pembroke Street, Thomastown	South-East Glamorgan ..	All purposes ..	Pontypridd and Llantrisant.
Scotch Row, Gilfach Goch ..	Rhondda	do. ..	do.
Ynysmaerdy	South-East Glamorgan ..	Home Nursing and Midwifery	do.
Edmundstown	Rhondda	Midwifery ..	do.
Penrhiwfer	Pontypridd and Llantrisant	do.	Rhondda.
St. Mary Hill	Mid-Glamorgan	Home Nursing	South-East Glamorgan.

SECTION 21—HEALTH CENTRES.

The Health and Sites Sub-Committee reviewed the Authority's site requirements for health centres on the 19th March, 1957, and twenty-one sites were recommended to be released from reservation for health centre purposes.

In January, 1948, the Minister of Health advised Local Health Authorities that any general programme for the provision of health centres could not be undertaken for some time.

SECTION 22—CARE OF MOTHERS AND YOUNG CHILDREN.

Clinics.

As foreshadowed in my report for 1955 the slowing down of the clinic building programme has continued. It is however, pleasing to note the opening of a new clinic at Ystalyfera during the year. This clinic which was officially opened on the 1st November, 1957, by David Morgan, Esq., J.P. (former member of the County Council for the Ystalyfera Division) replaced the one at Wern Road which served the district for more than forty years. The clinic which is of a prefabricated timber construction will be of great benefit to the area, particularly to expectant mothers who previously had to attend the clinic at Pontardawe.

Clinic Sites.

Suitable sites for the erection of clinics have been earmarked at Bryncwils and Llanharry.

To avoid the necessity of giving notice to all local authorities in the area in accordance with the provisions of Section 20 of the National Health Service Act, 1946, of the discontinuance of any of the Authority's clinics or of a change in the number of sessions at any such clinics, application was made to the Minister of Health for the insertion in the Authority's approved proposals of a clause permitting the Authority to discontinue a clinic where they are satisfied that circumstances justify such action and similarly to vary the frequency of sessions.

This was agreed and the approved scheme amended as follows :—

"Clinics.

Delete Clause (2) of Part III and substitute :—

The Authority shall establish such additional clinics as may be required and may alter the number of sessions held at any clinic and subject to the approval of the Minister of Health the Authority may close or transfer any clinic where circumstances warrant it."

Alteration of Clinic Sessions.

Owing to local circumstances usually associated with attendances, variations, as shown in the following list were made in the arrangements for holding clinic sessions :—

Health Division.	Area served.	Location of Clinic premises.	Type and frequency of Sessions now held.		Remarks.
Caerphilly and Gelligaer	Fochriw ..	Noddfa Baptist Chapel, Fochriw	Ante-natal :	Thursday mornings fortnightly	Previously held on Thursday mornings monthly.
	Bargoed ..	Old Cottage Homes, Bargoed	Infant Welfare :	Monday afternoons weekly	Previously held on Mondays weekly.
Mid-Glamorgan	Nantymoel	Glanrhyd, Nantymoel ..	Ante-natal :	Monday afternoons weekly	Previously held on Monday afternoons fortnightly.
Neath and District	Resolven ..	Sardis Baptist Chapel, Resolven	Health Education :	Tuesdays fortnightly	
Pontypridd and Llantrisant	Gilfach Goch	Gelliarael Road, Gilfach Goch	Ante-natal :	Thursday weekly	Previously held on Thursday fortnightly.
	Talbot Green	Talbot Green	Ante-natal :	Tuesday mornings fortnightly	Previously held on Tuesday weekly.
South-East Glamorgan	Colcot ..	Winston Road, Colcot ..	Infant Welfare and sale of Welfare foods :	Tuesday afternoons weekly	Thursday morning session for sale of welfare foods discontinued.

The following tables give statistical details of the services provided for the care of mothers and young persons during the year :—

			Aberdare and Mountain Ash.	Caerphilly and Gelligaer.	Mid-Glamorgan.	Neath and District.	Pontypridd and Llantrisant.	Port Talbot and Glyncorrwg.	South-East Glamorgan.	West Glamorgan.	Rhondda.	Totals.	
BIRTHS.													
No. of births notified	{	(a) Live births	{ Domiciliary Institutional	413 648	676 684	681 1,004	432 602	420 712	521 601	618 1,533	304 676	716 916	4,781 7,376
		(b) Still-births	{ Domiciliary Institutional	8 25	9 21	12 38	5 14	10 27	7 28	3 28	3 18	9 37	66 236
ANTE-NATAL AND POST-NATAL CLINICS.													
(a) No. of clinics provided at the end of the year	{	Ante-natal clinics Post-natal clinics	9 —	14 2	19 —	6 —	6 —	11 —	9 —	6 —	7 —	87 2	
(b) No. of sessions held per month at clinics included in (a)	{	Ante-natal clinics	26	31	42	22	33	40	34	24	44	296	
		M.O. ..	—	—	—	4	—	—	—	—	—	4	
		Midwives .. Post-natal clinics	— —	2 —	— —	— —	— —	— —	— —	— —	— —	— —	2 2
(c) No. of women who attend- ed during the year	{	Ante-natal clinics Post-natal clinics*	937 212 (212)	1,620 265 (102)	1,368 78 (78)	1,267 302 (302)	1,044 90 (90)	1,539 81 (81)	1,394 233 (233)	748 137 (137)	1,593 — —	11,510 1,398 (1,235)	
(d) No. of new cases included in (c), i.e. for A.N. clinics women who had <i>not</i> pre- viously attended any clinic during current pre- gnancy and for P.N. clinics women who had <i>not</i> pre- viously attended any P.N. clinic after last confine- ment	{	Ante-natal clinics	675	1,298	1,037	957	808	1,188	1,106	645	1,299	9,013	
		Post-natal clinics*	208 (208)	203 (97)	68 (68)	302 (302)	89 (89)	80 (80)	105 (105)	136 (136)	— —	1,191 (1,085)	
		Ante-natal clinics M.O. .. Midwives .. Post-natal clinics*	4,329 — — 242 (242)	5,848 — — 390 (117)	5,531 — — 78 (78)	5,547 686 — 339 (339)	4,731 — — 112 (112)	6,524 — — 88 (88)	6,135 — — 366 (12)	3,413 — — 145 (145)	8,676 — — — —	50,734 686 — 1,760 (1,133)	
* Women post-natally examined at ante-natal clinics are included and also shown in brackets.													
INFANT WELFARE CENTRES.													
(a) No. of centres provided	9	22	29	12	13	15	27	20	7	154
(b) No. of sessions held per month at centres in (a)				38	57	96	36	45	46	81	52	72	523
(c) No. of children who attended centres for the first time during the year who were under 1 year of age	1,052	1,303	1,567	953	1,478	1,058	1,600	888	1,355	11,254
(d) No. of children who attended during the year who were born in	{	1957	921	1,174	1,389	840	947	925	1,435	702	1,193	9,526	
		1956	805	1,051	1,208	749	841	896	1,423	674	909	8,556	
		1952-1955	687	931	1,890	890	1,051	892	1,306	420	662	8,729	
(e) Total No. of children who attended the centres during the year	2,413	3,156	4,487	2,479	2,839	2,713	4,164	1,796	2,764	26,811
(f) No. of attendances during the year made by children who at the date of the first attendance were	{	Under 1 year ..	12,357	15,589	20,782	11,656	11,499	12,568	22,710	11,177	10,982	129,320	
		1 year but under 2 years	2,277	3,210	5,785	2,608	2,663	2,391	5,195	2,567	1,648	28,344	
		2 years but under 5 years	1,488	2,316	7,130	2,060	2,764	3,690	4,900	1,654	1,055	27,057	
(g) Total No. of attendances made during the year				16,122	21,115	33,697	16,324	16,926	18,649	32,805	15,398	13,685	184,721

EXPECTANT AND NURSING MOTHERS.

On the 31st December, 1957, clinic facilities for expectant mothers were available at eighty-nine centres, forty-two of these being County Council-owned premises. The number of ante-natal clinic sessions held monthly showed an increase from 287 to 296.

Ante-natal clinic attendances, including attendances at midwives' sessions of 51,420 showed an increase of 1,674 compared with last year's figures. Restriction of admission to certain maternity hospitals may have had some influence on this unexpected increase.

These figures show that the service provided for expectant and nursing mothers is still much appreciated. Although the number of women who attended ante-natal clinics during the year showed a reduction of eighty-six, the number of new cases, i.e., women who had not attended any clinic during current pregnancy, increased by sixty-nine. The number of new cases show a slight decrease in the Aberdare and Mountain Ash, Caerphilly and Gelligaer, Mid-Glamorgan and Neath and District Health Divisions. In reviewing the work of the Mid-Glamorgan Division, Dr. Kathleen Davies, the Divisional Medical Officer states :—

“The one item which is most noticeable is the continued decrease in the number of ante-natal mothers attending the clinics, and this, in spite of an increase in the number of births last year. In 1949, 1,562 mothers attended clinic for the first time and this expressed as a percentage of the total births is 83 per cent, while in 1957 the percentage of mothers attending was as low as 59 per cent. More and more mothers are having ante-natal care by their general practitioners ; several practitioners in this Division hold their own ante-natal clinics regularly and in three instances the local midwife attends. In my opinion there is likely to be an expansion of the general practitioner ante-natal clinic and this will result in even fewer mothers attending the local Health Authority clinics for medical examination, but the clinics can be used, and are in fact being used, to great advantage as the place where the mother can receive health education. Ante-natal classes, at which the health visitor gives a series of talks for expectant mothers, have been held in six clinics during the year and these have been attended by mothers from the clinics as well as by mothers who are being looked after by their own doctors.”

The Assistant Medical Officers in the Mid-Glamorgan Division were asked for their comments on the ante-natal services. Certain extracts from their reports are quoted as being of general interest :—

Dr. Philippa Dyson:

“I feel that the main disadvantage of the present service we offer to ante-natal patients is the lack of continuity of medical care which results at times. I have in mind particularly those toxæmic patients who are at the borderline level for admission to hospital, with blood pressures when seen at the clinic of between 140/90 and 160/100. My usual practice in such cases is to send them home to rest in bed at the same time notifying the general practitioner. On two occasions in the last year I have seen patients who have subsequently had still-births associated with toxæmia, carrying heavy loads of shopping down the town after having been advised to rest in bed. I feel that this is largely due to the fact that after a few days in bed, oedema may have disappeared, the patient feels well, the clinic doctor is not available till the following week and the patient feels herself justified in disregarding instructions. In cases being confined at home, the situation is improved as the midwife represents continuity and will call once or twice to see that all is well. This is not due to lack of co-operation on the part of family doctors who are always willing to call when the need does not appear urgent. I feel one should aim at closer co-operation between the two parts of the service,

aided perhaps by occasional meetings in which both sides could exchange views. It would be easier to advise a mother of children to go to bed if the Home Help Service were more easily obtainable though in practice the majority of these patients are *primiparae*.

I sometimes wonder whether a routine chest X-ray of the patient is desirable. I feel we must be overlooking early cases of tuberculosis."

Dr. Olwyn Evans :

"A fortnightly clinic is a disadvantage when patients should be seen weekly either for suspected early toxæmia, or during the last month of pregnancy. If any signs or symptoms of toxæmia are present, a patient is advised to rest and diet, and referred either to her own doctor with a letter, or to the hospital. Also, the midwife visits her own cases. Only mild instances of toxæmia have been seen at clinic during the past year . . .

. . . The present system whereby a patient intending to have a home confinement sometimes attends both the ante-natal clinic and her own doctor's clinic, while a patient with a hospital booking attends both clinic and out-patient department, can cause overlapping of supervision. Whenever possible appointments are made to avoid this, and provide intermediate examinations."

Dr. Menna M. Price :

"Some women do not wish to receive frequent examinations, while others spend far too much time in various clinics. I frequently come across a mother who, when she attends my clinic at the end of the week, is being examined for the third time in one week. We do in the clinic try to alternate our appointments with those made by the hospital and general practitioner, but when a person is being looked after by three separate people, overlap and reduplication of examination is bound to occur. This, I feel, changes a mother's attitude towards her coming confinement and tends to make her regard the whole process as a rather complicated and abnormal process. Reassurance of the patient, I find, is needed much more often in the too frequently examined person. More stress should be placed on general advice regarding ante-natal care of the breasts, reassurance regarding the actual confinement and many other points which arise in connection with pregnancy and rather less on abdominal palpation."

Dr. Jennet Rees :

"Thanks to growth of public health services over past years, expectant mothers are so clinic conscious that they will take advantage of local authority ante-natal clinics for some years to come, as well as any ante-natal clinics provided by the general practitioners in their own surgeries, as practised locally at present.

The younger generation is so health conscious that mothers do not seem to object to frequent visits which this entails; they attend as *healthy interested patients* rather than over-anxious sick mothers. Whether this frequent attendance (during transitory period) is really essential for ante-natal supervision is as debatable a point as the allegation that the inevitable overlapping is a waste of medical manpower. Hence how can general practitioners, local authority, and hospitals, all concerned with ante-natal supervision, work together to the best advantage during this period in this area ?

If general practitioner runs ante-natal clinic, I find that effort is being made to alternate visits between their clinics and local authority clinics, but sometimes there is inevitably an overlap and especially with hospital clinics, as often a mother might attend a local authority and a hospital clinic the same week. As matters stand now, this seems to be inevitable.

I might add that on the whole, I am satisfied that as far as possible co-operation is given and accepted by the three supervising groups."

Dr. Clifford Revington :

"The ultimate result of work done in clinics must depend upon three main factors—

- (a) The efficiency of the medical officer.
- (b) The keenness and efficiency of both the midwife and health visitor.
- (c) The proportion of the total number of expectant mothers in the area that attend the clinic.

I can make no comment on factor (a) and little on (b), except that, as I am sure happens, the greatest stress must be laid upon the importance of the health visitor and midwife in getting the mothers to attend clinics and in ensuring that they maintain their attendance through the ante-natal period. Factor (c) obviously is closely related to the foregoing and is in part responsible for any failure in proper ante-natal care.

What proportion of the total number of expectant mothers attends the local clinic I do not know, but it is still noticeable that the attendance of a few is either begun too late in pregnancy to be of any value, or is too infrequent.

... As far as the actual conduct of clinics is concerned I think the standard is good."

Dr. J. F. Rowland :

"The service is still too loosely co-ordinated, especially between ourselves and the general practitioners, e.g., some general practitioners see their own cases and then send them up only a couple of weeks before delivery, presumably mainly to have their blood taken.

Home delivery cases should have a copy of their blood group forwarded to the general practitioner because should the regular midwife be away and the emergency arise at night, it might well be impossible to get hold of the patient's group.

In the case of mild toxæmia I do not feel very happy about sending the patient home to rest and writing to the general practitioner as there is no guarantee that they will have the time to visit regularly. As most of the clinics are only once a fortnight I much prefer to send the cases direct to hospital, where if they are agreeable, the woman can be admitted for proper rest."

The Divisional Medical Officer for the South-East Glamorgan Division, has made the following comments about ante-natal care in his division. The procedures he mentions are generally followed in the remainder of the County :—

"With reference to ante-natal care, and in particular the early detection of toxæmia, steps have been taken to see that all medical, midwifery, and health visiting staff are aware of the importance of this problem.

Every attempt is made to plan ante-natal care of expectant mothers at their first clinic visit, and my personal view is that it is far better for them to be seen too frequently, often at some inconvenience, and by various people—ante-natal clinic, hospital, etc., than by the midwife or general practitioner alone, at possibly infrequent intervals.

The importance of the follow-up by health visitors of expectant mothers who have failed to keep clinic appointments, has also been emphasised.

When an expectant mother is discovered at clinic or elsewhere to be exhibiting some early sign of toxæmia (e.g., digital oedema), arrangements are made for her to be carefully supervised by the midwife and/or general practitioner until the next local or hospital ante-natal clinic."

Health talks to mothers are a recognised feature in most of the ante-natal clinics and infant welfare clinics.

A film strip projector and suitable film strips on health matters have been supplied to each division and are being used to good advantage.

TOXAEMIA IN PREGNANCY.

In my annual report for 1956 I reported in detail on the discussions which had taken place between representatives of the hospital, local health authority, and general practitioner, and consultant services, on the best methods of ensuring complete co-operation between these services. These discussions served a very useful purpose in establishing an agreed procedure for the proper ante-natal care of expectant mothers and extent of responsibility devolving on the various sections of the service in securing this. The divisional medical officers, assistant medical officers, midwives, and health visitors are all acutely aware of the need to watch for early signs of toxæmia in any expectant mother within their care, and prompt action is taken to ensure early and continued treatment.

The principal point which was stressed at the discussions referred to above was the need for planned supervision of the mother during pregnancy, the plan to be agreed at the first attendance for ante-natal supervision. The measure of success achieved depends largely on personal factors, which are often not easily controlled and the accounts given by the medical officers in the Mid-Glamorgan Division are evidence of some of the difficulties encountered.

POST-NATAL CLINICS.

The total number of mothers who attended for post-natal examination last year was 1,760, a decrease of 1,034 over 1956.

There is no obvious reason for this considerable reduction but the attention of Divisional Medical Officers has been called to this decrease. It may be that more mothers attend for post-natal examination by the general practitioner. Where this is not the case there is need to encourage them to attend for examination for much ill health and discomfort can be avoided by a timely examination a month or so after confinement.

CARE OF UNMARRIED MOTHERS.

The illegitimate birth rate in 1957 was 28·06 per thousand births, compared with a rate of 46·0 for England and Wales.

The Salvation Army Hostel at "Northlands," Cardiff, accepts the majority of the unmarried mothers from Glamorgan who are unable or unwilling to be confined at home. The Department is grateful to the matron, Brigadier M. Collins, who has been most helpful in arranging admissions, often at very short notice. A small number of girls have been found accommodation at the Cwmdonkin Shelter, Swansea, or at the Salvation Army Hostel at Bristol.

During the year, twenty unmarried mothers were admitted for confinement to hostels under the County Council scheme, four less than in 1956.

Many of the children are ultimately placed for adoption. Unless the unmarried mother is received back into the family circle and obtains help and sympathetic encouragement from her own people in the care of her baby, it is likely she will encounter almost unsurmountable difficulties in her attempts to find suitable employment and shelter while she has a baby to care for.

Much good work is done by the health visitor in effecting reconciliations where family harmony has been disturbed or prejudiced by "trouble" of this kind.

ANTE-NATAL CLASSES.

On the progress made in the setting up of ante-natal classes, Miss E. G. Wright, the County Superintendent Health Visitor and School Nurse, makes the following comments:—

"During 1957, there has been a gradual, but steady, increase in attendances and there is evidence that the work of the health visitor in this connection is much appreciated by the expectant mothers who have attended the classes.

The details are as follows :

Health Division.	Centres at which Courses were held.	Number of Courses arranged.	Number of Mothers attended.	Number of attendances.
Aberdare and Mountain Ash	Aberdare, Mountain Ash, Abercynon, Ynysboeth, and Cwmbach (5)	20	136	973
Caerphilly and Gelligaer ..	Nelson (1)	6	37	105
Mid-Glamorgan	Maesteg, Kenfig Hill, Tondy, Pencoed, Porthcawl, Bridgend (6)	7	65	210
Neath and District	Dyfed Road, Glyn Neath, Skewen, Briton Ferry, Seven Sisters (5)	15	124	528
Pontypridd and Llantrisant	Central Clinic, Pontypridd, and Ynysybwl (2) ..	2	15	48
Port Talbot and Glyncorrwg	Ynys Street, Port Talbot (1)	2	20	157
South-East Glamorgan ..	Cadoxton (1)	2	13	83
West Glamorgan	Pontardulais, Gorseinon, Ynysderw House, and Ystalyfera (4)	15	64	384
Rhondda	Nil	—	—	—
Totals	25	69	474	2,488

Aberdare and Mountain Ash Health Division.

Further classes are under consideration for this Division, where good work is already being done.

Classes have had to be suspended temporarily at Cwmbach Clinic due to the adaptations now being carried out, but when these are completed the work of health education should be greatly facilitated.

Caerphilly and Gelligaer Health Division.

Consideration is being given to the establishment of classes at Bargoed and Trecenydd Clinics.

Mid-Glamorgan Health Division.

This Division did pioneer work with regard to ante-natal teaching and despite shortage of health visitors and pressure of other work, are endeavouring to maintain their previous good standard.

Neath and District Health Division.

The good achievement of the previous year has been maintained. In addition twenty-two health education classes were held at Resolven Infant Welfare Centre. The classes were attended by sixty mothers who made a total of 202 attendances.

Pontypridd and Llantrisant Health Division.

Classes are again being planned for Ynysybwl, Tonyrefail and Beddau Centres, and it is hoped that full advantage will be taken by the expectant mothers who attend these clinics, but it is rather uphill work here as the numbers attending have considerably decreased.

Port Talbot and Glyncothrog Health Division.

Extreme shortage of health visitors has hampered work in this Division, but as opportunity offers, this aspect of health education will receive special attention, particularly at the County's very fine clinic in Sandfields and also at Ynys Street Clinic.

South-East Glamorgan Health Division.

Classes at Cadoxton Clinic have been very successful and well attended and seem to have become an established feature here.

Penarth and Whitchurch Clinics should soon be able to offer a similar facility.

West Glamorgan Health Division.

This work has grown since the previous year and efforts are being made to expand it further.

Rhondda Health Division.

No classes are as yet in progress, but it is hoped that they will be considered in the near future.

In conclusion, I would like to take this opportunity of expressing my appreciation of all the work being carried out by the staffs who have so willingly co-operated to achieve the present success.

The clinic doctors, health visitors, and midwives have much to be proud of in popularising these classes. In one area, the mothers at their own request have continued to attend after the babies are born. They bring the babies with them and ask the very many questions which puzzle them when they suddenly find themselves in sole charge of their babies.

The pressure of work due to the extra poliomyelitis vaccination clinics, the shortage of health visitors and the need for teaching equipment have held up the classes for the time in some areas, but we are looking forward to these matters being remedied in due course."

CHILDREN UNDER SCHOOL AGE.

At the end of the year there were 154 centres in use as infant welfare clinics, the majority being staffed by whole-time medical officers and health visitors occasionally supplemented by other nursing help.

By the end of 1957 the number of sessions per month had been increased from 429 in 1948, to 523. In some clinics qualified nurses not holding a health visitor's certificate assist. There are a few clinics where, by a long-standing arrangement, a local practitioner attends on a sessional basis.

The fall in attendances to which reference was made in my annual report for 1955, seems to have been halted. The total attendances showed an increase from 177,712 to 184,721 and the actual number of children who attended the various centres increased from 26,632 to 26,811.

The majority of the clinics have little to offer by way of material inducement to the mothers who bring their infants. If they require welfare foods, the slightly reduced price at which they can be bought does not usually compensate for the pram-pushing or bus journey involved, or the trouble of carrying the packages home.

The hard seats, the gloomy interior and the absence of pram shelters in many of the hired premises—and some of our own, too—do not make the prospect of attending particularly attractive. The figures, however, indicate that the mothers really appreciate the opportunity of attending and that the clinic doctors and health visitors are providing an essential advisory service.

The examination of boarded-out children is arranged by me for the Children's Committee, either through the School Health Service or, for children over school age, direct with the general practitioners concerned. The health visitors report on the family history and other aspects of married couples wishing to adopt a child, and this information is furnished to the Children's Officer. On these and similar matters of mutual interest and concern, close contact is maintained between the Health and Children's Departments. Meetings of officers called by the Children's Officer as co-ordinating officer, are held bi-monthly in each Health Division under the chairmanship of the Divisional Medical Officer to discuss individual difficult cases and problem families within the knowledge of both departments.

"The Laurels" Nursery at Neath is under the general medical supervision of Dr. H. R. Stubbins, the Divisional Medical Officer, and the services of my department are also given in the special medical examination of boys and girls at Remand Homes, the Glamorgan Farm School and the various Children's Homes, including the nursery established at "Cartrefle," Bridgend.

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948.

Under this Act the County Council is responsible for the registration and supervision of establishments catering for the minding of three or more children during the day. The Act also provides for the registration of persons engaged in the day-minding of children for reward. There are three child-minding establishments and one child-minder registered under the Act, and routine visits of inspection were paid during the year.

CARE OF PREMATURE BABIES.

Of the 946 premature live births notified—an increase of sixty-two over the figure for 1956—228 were born at home, compared with 235 in 1956.

The number of premature still-births rose from 164 in 1956 to 173 last year. The figures contained in Table on page 18 are of considerable interest and, in so far as they relate to the survival of premature babies born and nursed entirely at home, reflect credit on the midwives engaged on these cases.

It should be noted that excluding premature babies of 3 lb. 4 oz. or less 168 out of 174 of those born and nursed at home survived the first twenty-eight days.

OTHER PROVISION.

In some of the divisions special clinics are held for the benefit of mothers recommended by their family doctor as requiring advice on birth control for medical reasons and also for the treatment of minor gynaecological conditions. They are staffed by experienced women medical officers and suitable appliances are available for purchase.

All these clinics are well attended.

TABLE—PREMATURE BIRTHS (i.e. live-births and still-births of 5½ lb. or less at birth).

1. No. of premature live-births notified (as adjusted by transferred notifications). 2. No. of premature still-births notified (as adjusted by transferred notifications).

(a) In hospital 711 (a) In hospital 131
 (b) At home 228 (b) At home 40
 (c) In private nursing homes (A) .. 7 Total .. 946 (c) In private nursing homes (A) .. 2 Total .. 173

Weight at birth.	PREMATURE LIVE-BIRTHS.												PREMATURE STILL-BIRTHS.					
	Born in hospital. (B)			Born at home and nursed entirely at home.			Born at home and transferred to hospital on or before 28th day.			Born in nursing home and nursed entirely there.			Born in nursing home and transferred to hospital on or before 28th day.			Born in Hospital.	Born at Home.	Born in Nursing Home.
	Total.	Died within 24 hours of birth.	Survived 28 days.	Total.	Died within 24 hours of birth.	Survived 28 days.	Total.	Died within 24 hours of birth.	Survived 28 days.	Total.	Died within 24 hours of birth.	Survived 28 days.	Total.	Died within 24 hours of birth.	Survived 28 days.			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
3 lb. 4 oz. or less .. (1,500 gms. or less)	89	40	22	8	7	—	14	2	4	—	—	—	—	—	—	55	19	—
Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. .. (1,500-2,000 gms.)	148	14	114	23	1	20	15	1	7	1	—	1	—	—	—	50	7	—
Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. .. (2,000-2,250 gms.)	140	4	130	21	—	21	5	—	5	3	—	3	—	—	—	8	4	—
Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. .. (2,250-2,500 gms.)	334	4	324	130	1	127	12	—	10	3	—	3	—	—	—	18	10	2
Total (C) ..	711	62	590	182	9	168	46	3	26	7	—	7	—	—	—	131	40	2

Notes.—(A) "Private Nursing Home" includes nursing homes and maternity hospitals and homes not in the National Health Service and mother and baby homes where women are confined in the home.

(B) The group under this heading will include cases which may be born in one hospital and transferred to another hospital.

(C) The totals in the above tables correspond with the appropriate figures in items 1 and 2, e.g. item (b) corresponds with the sum of the total of columns (5) and (8).

Births in an ambulance or in the street have been listed under the place in which the case was immediately transferred.

INFANT MORTALITY.

I am indebted to Dr. E. C. Powell, the Medical Officer for the Caerphilly and Gelligaer Health Division, for the following interesting report on infant mortality in his Division :—

“Caerphilly members in particular will derive much satisfaction from the fact that the infant mortality rate in 1956 for the Urban District of Caerphilly was, at 27·49, the lowest on record. This is the first time since figures were recorded for the rate to fall below 30.

In 1947 Caerphilly was one of the black spots in the County with an infant mortality rate of 69. It is very gratifying therefore to be able to record an almost continuous fall each year to the present low level.

To the Committee as a whole, however, the picture is not so bright, the black spot having moved up the valley to remain with us in the area of the Gelligaer Authority.

I have appended two graphs which I think show a remarkable change of fortune between the two authorities. Graph 1 gives the overall infant mortality rate for the Caerphilly district and the Gelligaer district. It will be noted that in 1949 the Caerphilly rate was 58 and well above the Gelligaer rate of 36. Then between 1950 and 1951 came a dramatic fall in the Caerphilly rate and a good but not so steep fall in the rate for Gelligaer. The following year, 1952, saw a rise in both districts and thereafter the picture changed completely. The Caerphilly rate fell and continued to fall to its present low figure. Gelligaer, in contrast, started to rise. First a very slight rise between 1952 and 1953 and then a big jump in 1954 to a figure of 45—its highest for many years. It was hoped that this jump was just a temporary affair but the figure rose again the next year with only a slight drop the year after to leave the two rates miles apart in the reverse directions to which they had been in 1949.

Between 1953 and 1954 something happened to cause the two lines of the graph to cross over with a vengeance and it is disconcerting to find the Gelligaer rate remaining so high at a time when the Caerphilly rate has dropped so rapidly.

Many factors are involved in infant mortality and without a detailed investigation one can only surmise in general the various causes of an increasing rate. Graph 2 gives some indication as to in which direction to look. This graph shows the neo-natal mortality rates over corresponding periods and in it is seen the same cross-over between 1953 and 1954 and the same general trend as in Graph 1, suggesting that the increase in infant deaths is chiefly in the neo-natal period.

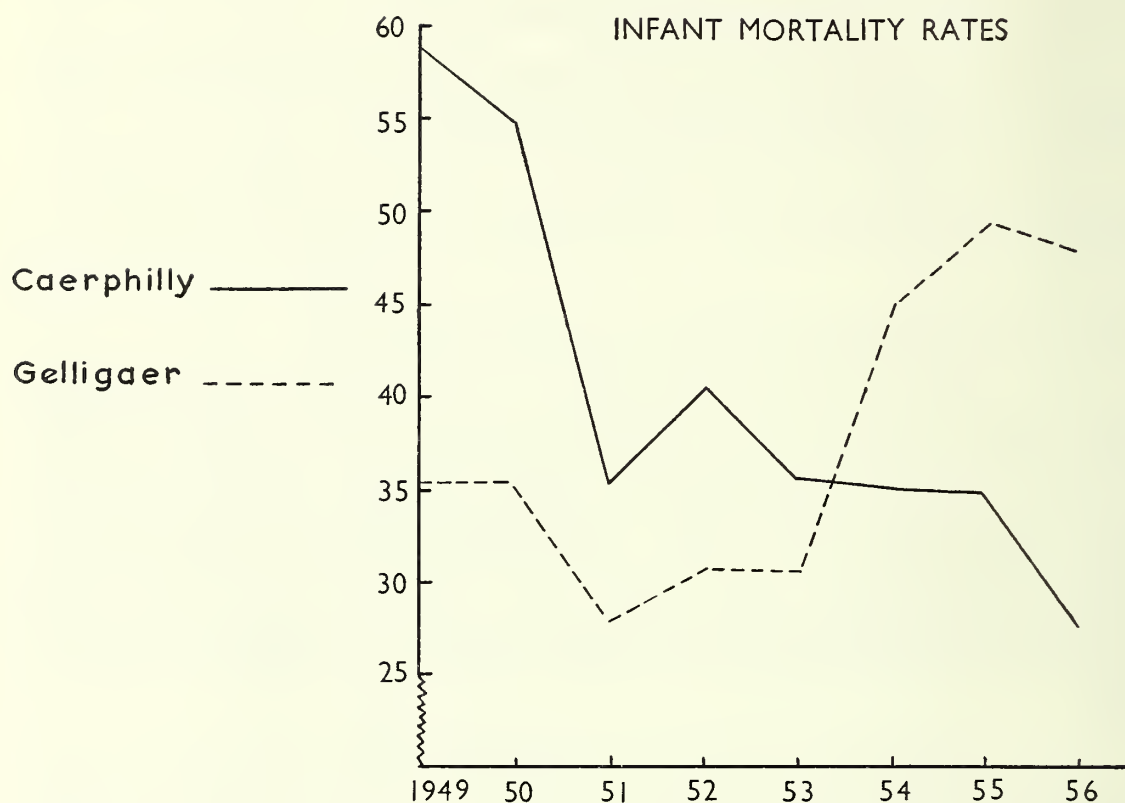
The neo-natal mortality rate is the death rate for infants within the first four weeks of life and Graph 2 suggests, therefore, that the increased mortality amongst infants in Gelligaer is due to an increasing loss of life in babies up to one month of age, such babies being unable to overcome the rigours of their birth.

The factors influencing this failure to survive occur mainly before birth and at the time or very shortly after birth—that is during pregnancy and during child-birth.

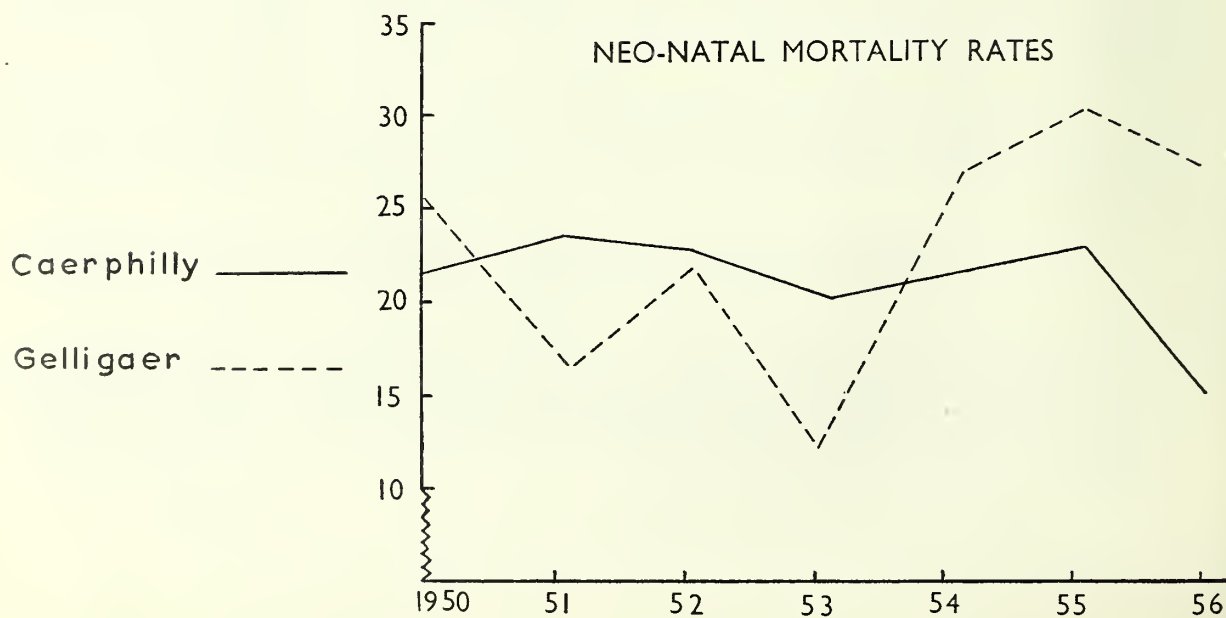
During pregnancy the health and care of the expectant mother are the all important factors—good ante-natal care and proper nourishment. In these respects Gelligaer does not lack anything that is to be had in Caerphilly. During child-birth obstetrics and paediatrics play their part and in these I think there is an important difference between the two areas in the matter of hospital facilities.

CAERPHILLY AND GELLIGAER URBAN DISTRICTS

GRAPH I



GRAPH II



The only maternity unit situated within the division is in Caerphilly at the lowest extremity of the area involving a very tedious journey from the middle and upper parts of Gelligaer. Above Bargoed there is the Tredegar Hospital Maternity Unit and this again is a long and tedious journey to the top end of the valley for the majority of Gelligaer residents. In both hospitals the number of maternity beds available is totally inadequate so that cases are also sent to Church Village and Glossop Terrace, Cardiff.

Specialist paediatric facilities for the care of babies are practically all centred at Caerphilly or Cardiff.

It is obvious, therefore, that Gelligaer as a whole is very inadequately served in the matter of hospital facilities. Long and tedious journeys by ambulance cannot be a good thing for expectant mothers and those in labour and this could be an important factor in the differing mortality rates.

Another point of interest between the two districts is the change in populations over the past ten years or so. Going back to 1946 the population of Caerphilly has increased from a figure of 32,240 in that year to one of 37,110 in 1956. In contrast Gelligaer's population has only increased from a figure of 35,980 in 1946 to one of 36,210 in 1956. Furthermore—and perhaps only a matter of coincidence—it was in 1953, when the great cross-over in infant mortality rates was about to start, that there was a cross-over in populations, that of Caerphilly exceeding that of Gelligaer for the first time in the decade. This increase in Caerphilly's population since 1946 has no doubt occurred as a result of the great house building programme in which just over 2,000 houses have been built, compared with only some 866 by Gelligaer. More new houses means an improvement in the general standard of housing—another factor influencing infant mortality.

In placing these facts and figures before you I have thought to survey generally some of the possible causes of a high infant mortality rate in a district such as Gelligaer. A more accurate assessment demands scientific survey and such a survey has in fact been done.

In 1956 the Glamorgan County Council, amongst other authorities, co-operated with the Welsh National School of Medicine in conducting a detailed investigation into every still-birth and neonatal death occurring in Caerphilly and Gelligaer during the year. The results are being scientifically analysed and when completed should produce some valuable information. Furthermore, another scientific investigation is being started on the 3rd March on peri-natal mortality, that is the deaths of infants within the first week of life. This is a joint effort between hospital and local health authorities in England, Scotland and Wales, conducted by the National Birthday Trust. These surveys are indications of the great efforts being made to reduce to a minimum the wastage of life and disappointments that occur in many homes by the loss of these young babies."

TRAINING OF NURSERY NURSES.

During the year, nineteen first-year and eighteen second-year student nursery nurses have attended the course held at the Bridgend Technical College in preparation for Part 2 (children 2-5 years) of the National Nursery Examinations Board Certificate.

My deputy (Dr. R. T. Bevan), Dr. Kathleen Davies (Divisional Medical Officer of the Mid-Glamorgan Health Division), and Miss E. G. Wright (County Superintendent Health Visitor and School Nurse) lecture to students in the health section of the course and visits of observation have been arranged to child welfare clinics.

DISTRIBUTION OF WELFARE FOODS.

Since July, 1954, responsibility for the distribution of welfare foods, i.e., National dried milk, cod liver oil, orange juice, and vitamin A and D, has been undertaken by local health authorities as part of their duties under Section 22 of the National Health Service Act.

Mothers who are unable to breast feed their infants are urged to use National dried milk as a substitute.

As from the 1st November, 1957, in accordance with the decision of the Minister of Health, the supply of orange juice was discontinued to children of two years of age and upwards. The Minister also made arrangements, in co-operation with the Minister of Agriculture, Fisheries and Food to reduce the vitamin D content of dried milk and cod liver oil to the levels recommended by the Joint Sub-Committee of the Central and Scottish Standing Medical Advisory Committee.

Distribution of welfare foods is made as far as possible from the Authority's own clinics. Only where this is not practicable are other distribution centres used, the smallest of these being in private houses and operated by voluntary workers. The number of private houses used as distribution centres at the end of the year was twenty-one and thanks are due to these householders for their continued help.

During 1957 the following quantities of Ministry of Food products were issued :—

<i>National</i>	<i>Cod liver</i>	<i>Orange</i>	<i>Vitamin A and D</i>
<i>Dried Milk</i>	<i>Oil.</i>	<i>Juice.</i>	<i>Tablets.</i>
201,011	65,984	485,572	25,579

The value of the postage stamps on the coupons surrendered by beneficiaries was £28,317 11s. 10d.

As from the 1st April, 1957, in accordance with a direction from the Ministry, the price of National dried milk was increased from 10½d. to 2s. 4d. a tin.

Compared with the previous year the sales figures show that the issue of National dried milk fell by 78,278 tins and there was a decrease of 10,204 in the number of bottles of cod liver oil issued. The issue of orange juice increased by 37,333 bottles. The issue of Vitamin A and D tablets decreased by 151 packets.

The value of proprietary milk and welfare foods sold in the welfare clinics in 1957 was approximately £30,045 which is an increase of £7,845 on the amount for the previous year.

DENTAL CARE.

Mr. John Young, L.D.S., the Principal Dental Officer, has contributed the following report on the dental treatment of nursing and expectant mothers and children of pre-school age :—

"My introductory remarks to this report for the past several years have been of quite a gloomy character and I regret that with regard to dental staff the time has not yet arrived when I can say that "we are out of the wood".

Our staffing position at the beginning of 1957, including that of the Rhondda Exceeded Area, consisted of six whole-time dental officers and twenty-four part-time officers. A full-time officer was appointed early in the year, but unfortunately he only stayed five months. Another whole-time officer, who was on sick leave at the beginning of the year, finally resigned after a return to duty as a part-time officer, then later for a short period as a whole-time officer. There were also changes in the sessional officer strength, with the result that at the end of the year the dental staff consisted of five whole-time officers and twenty-one part-time officers. These varying fortunes caused a lot of anxiety in our efforts to maintain services and to cope with an ever-increasing demand for treatment.

As will be seen from the table on page 24, in 1957, 1,551 expectant and nursing mothers were referred from maternity and child welfare centres to our dental clinics. Of this number, 1,528 were found to require treatment, 1,371 were actually treated, and 857 patients of this group were rendered dentally fit, 55 more than in the previous year although the number of patients treated in this group was 179 less than in the previous year. I always feel that there is a need to explain the difference between the number of those treated and of those who are rendered dentally fit. It has been found to be due to the inability of the expectant mother to attend for treatment as she nears the time of her confinement, or during the nursing period. The resumption of treatment frequently occurs during the following year. The number of teeth extracted for this group was 5,678, considerably less than the figure for the previous year. 589 fillings were inserted. Other forms of treatment, such as scalings, dressings and gum treatments, etc., amounted to 193 items. One gold inlay was supplied in one division. Dentures to the number of 610 were supplied to patients, which is 36 more than the number supplied in the previous year.

The figures relating to the dental treatment of pre-school age children are very much on the same level as those for the previous year, with not a great deal of variation throughout. That our dental officers have been able to render dentally fit 26 more than for the previous year is, however, perhaps worthy of note since frequently quite a considerable amount of time can be spent in just winning a small child's confidence. I cannot overstress the importance of making not only a small child's first visit to a dentist a pleasant one, but also that his or her first experience of instrumentation should be one that leaves no bad impression upon the child's mind. During the year 975 pre-school age children were referred and examined. Of these 923 were found to require treatment, 824 were actually treated and 638 were rendered dentally fit, a rather better completion ratio than for the previous year, as I mentioned above. 2,225 teeth were extracted and 119 fillings were inserted. Ninety-one other forms of treatment were recorded, these include such items as dressings, temporary fillings, gum treatments and silver nitrate treatment.

The onset of dental caries at the early age of two years and even less is an occurrence of a frequency that alarms the profession as a whole, since the very early loss of deciduous teeth can very seriously affect the later dentition, often causing the too early eruption of the succeeding teeth and introducing irregularities frequently difficult to correct. It is really distressing to see the degree of caries present in some cases. If we can see these cases in time such a lot can be done in the way of fillings, silver nitrate treatments and judicious stopping and discing, painless procedures to the child if it is brought to the clinic in time but, alas, all too frequently the child is only brought when it is in pain and the only treatment possible is extraction. I think I can say in respect for this class that the grossly carious mouth is not so evident as in the past few years, probably due to the result of improved knowledge and propaganda, but it is still a matter of great national anxiety to observe the very early age of the onset of caries, which can only be prevented by further knowledge and conscientious application of sound oral hygiene principles.

The quality of our work is good, the volume per officer is satisfactory, but our numerical strength is not able to cope with all the demands upon our services and certainly does not allow us to expand and develop our service as we wish. This, to one scrutinising the returns for the year, could have quite a depressing effect when it is realised that even a slight increase in our whole-time staff would yield almost spectacular results.

I have written before of the seriously undermanned state of the profession and this year and the next are rather critical ones since, in July, 1958, the National Health Service will have completed its first ten years. Many members will have then qualified for pension and many have announced their intention of retiring. This may affect our service seriously, especially where our sessional

The arrangements for supervision under the Midwives Acts remained the same as in previous years. At the Central Office there is a County non-medical Supervisor of Midwives and Home Nurses, Miss Bronwen Davies, and for each of the nine divisions there is a Divisional non-medical Supervisor, although the post in the Port Talbot and Glyncothrwg Division was vacant from 1st September, 1957 to the 1st February, 1958.

The steady fall in the number of domiciliary births, of which mention was made in previous reports, halted in 1956. This is shown in the graph on page 26. County midwives attended 4,784 deliveries in 1957, an increase of thirty-five compared with the previous year's total of 4,749. In the County there were 366 total births more than in 1956, the number of domiciliary births attended showing an increase of sixteen while the number of births occurring in hospital increased by 350.

In most areas of the County rapid transport of mothers in labour is provided for by the Ambulance Service. Even so, during the year eight babies were born in ambulances.

The arrangements whereby midwives in certain areas assist their home nursing colleagues in the nursing of other than midwifery patients continued during the year, and a total of 12,696 home nursing visits were made by County midwives. This figure is 1,166 less than in 1956.

ANALGESIA IN MIDWIFERY.

All County midwives have received training in the use of gas and air analgesia and have been supplied with apparatus for its administration.

During 1957 the number of patients who received gas and air analgesia was 3,776, i.e., 200 more than in 1956. Expressed in terms of percentages 78.9 per cent of cases attended in 1957 received gas and air analgesia, compared with 75.3 per cent in 1956.

Pethedine, a drug to relieve pain during labour, was administered to 2,759 patients, or 57.6 per cent of the cases attended.

Under the new rules of the Central Midwives Board midwives are permitted to administer Trichloroethylene on their own responsibility. Trichloroethylene was administered to 416 patients during the year, i.e., an increase of 231 compared to 1956. There are now twenty-seven sets of apparatus in use.

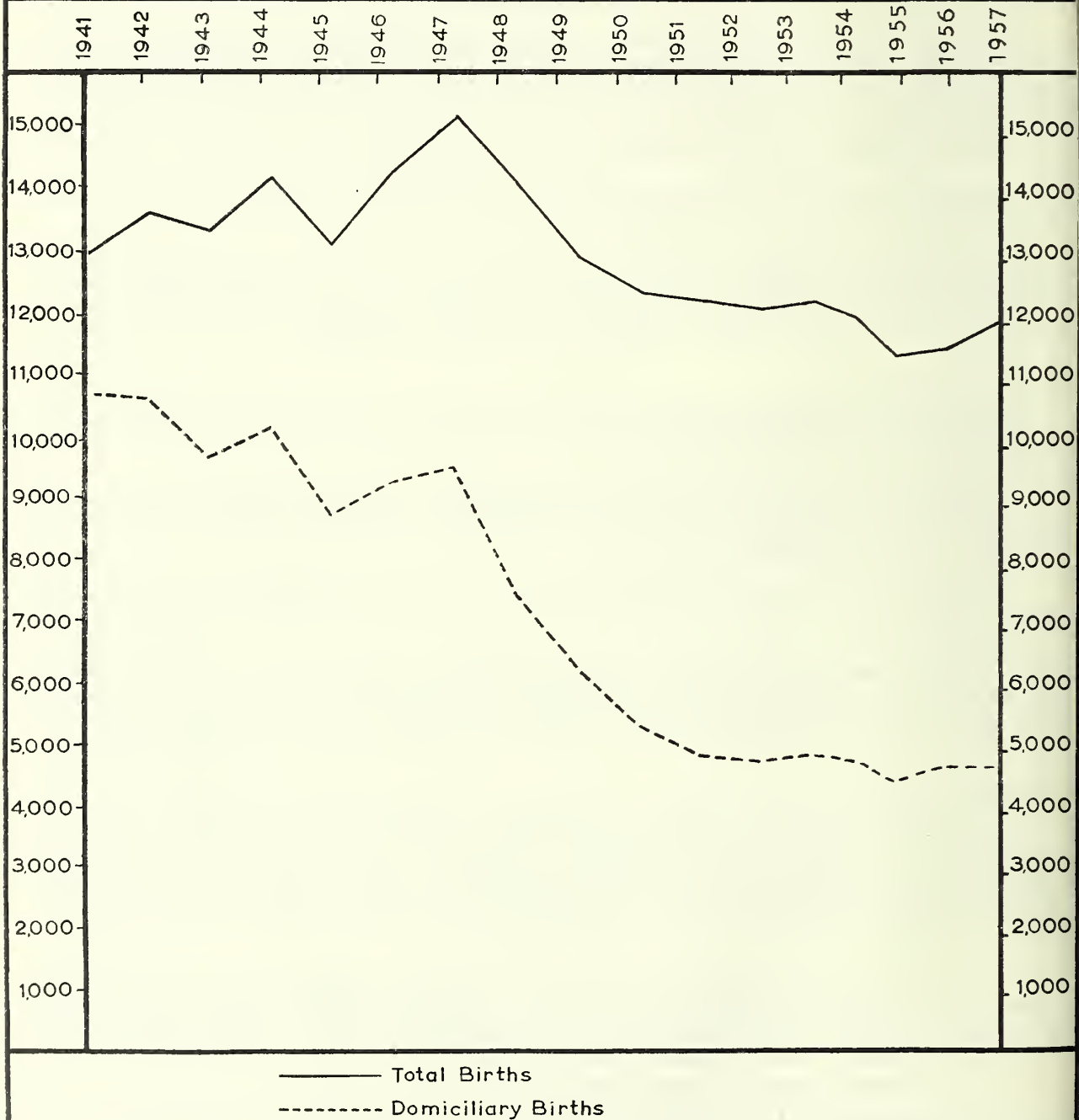
TRAINING OF MIDWIVES.

Ten pupil midwives were trained at the Part II Training School established at Neath but comparatively few candidates apply for admission. The pupil midwives still have to attend domiciliary confinements in the adjacent Port Talbot area because there are insufficient domiciliary cases in Neath to provide the requisite experience for them. These extra-territorial journeys involve considerable costs for hire of transport.

There is a Part II Training School at the Barry Nursing Home, administered by the Cardiff Hospital Management Committee, the midwifery teaching on the district being done by selected County midwives practising in the area. Ten pupil midwives received training on the district. Similar difficulties were encountered in finding a sufficient number of home confinements in the area and some of the pupil midwives had to make journeys to Penarth to attend deliveries.

These difficulties apparently affect most Part II Training Schools and are causing the Central Midwives Board some concern.

BIRTHS



The age distribution, expressed as a percentage, of midwives practising in 1957 in Glamorgan compared with the national figures for 1956-57 contained in the Annual Report of the Central Midwives Board is of interest :—

Age group.	England and Wales 1956-1957	Glamorgan 1957
-24	6.0	2.0
25-29	15.8	6.0
30-39	25.5	26.0
40-49	28.7	30.0
50-59	17.9	30.0
60-64	3.6	6.0
65--	1.1	—

The number of recruits to the domiciliary midwifery service continues to dwindle. There is no shortage of employment for those who are also general trained nurses. Midwives for temporary holiday duties or sick relief are more difficult than ever to find and local sources, from which they were formally drawn, become depleted as the number of retired midwives grows less.

According to the report of the Central Midwives Board for the year ended 31st March, 1957, less than 30 per cent of the midwives enrolled are in practice three years after enrolment. A serious position is, therefore, likely to arise if action is not taken at national level, to increase not only the number of pupil midwives, but also the number who will be prepared to practise domiciliary midwifery after qualifying.

The report of the Cranbrook Committee is still awaited. It is hoped that as a result of its deliberations a clear national policy will be defined for the maternity services.

POSTGRADUATE COURSES.

In accordance with the current rules of the Central Midwives Board which came into force in February, 1955, it is the duty of the local health authorities to arrange residential postgraduate courses at periodic intervals for practising midwives and supervisors of midwives.

(a) *Midwives.*

Two residential postgraduate courses approved by the Central Midwives Board were held for midwives during the year at Dyffryn House. One course was held from the 29th April to the 4th May, 1957, and the other from the 16th to 21st September, 1957. The total number of midwives in attendance was seventy-six made up as follows :—

<i>Sending Authority.</i>	<i>No.</i>
Glamorgan County Council	39
Carmarthenshire County Council	3
Brecon County Council	2
Pembroke County Council	3
Merthyr Tydfil County Borough	1
Hospital Management Committees—	
Cardiff	6
Merthyr	2
Mid-Glamorgan	12
Pontypridd and Rhondda	8

Miss Bronwen Davies, the County Non-Medical Supervisor of Midwives, who acted as Warden for the two courses, was assisted on each occasion by one of the Divisional Non-Medical Supervisors of Midwives.

The syllabus was common to both courses and the following lectures were given :—

<i>Title of lecture.</i>	<i>Name of lecturer.</i>
"The Maternity Services"	Dr. W. E. Thomas, County Medical Officer.
"Ante-natal Care"	Dr. J. G. Lawson, Department of Obstetrics and Gynaecology, Welsh National School of Medicine.
"Post-natal Complications and their Treatment" ..	do.
"Neo-natal Morbidity and Mortality"	Professor A. G. Watkins, Department of Child Health, Welsh National School of Medicine.
"Neo-natal Infections"	do.
"The Blood Transfusion Service"	Dr. B. Bevan, National Blood Transfusion Service, Welsh Region.
"Infant Feeding and Care"	Dr. P. T. Bray, Consultant Paediatrician, Cardiff Mental Hospitals.
"Rules of the Central Midwives Board"	Mr. R. J. Fenney, Secretary, Central Midwives Board.
"Parentcraft"	Miss E. G. Wright, County Superintendent Health Visitor/School Nurse.
"Modern Views of Analgesia in Midwifery"	Dr. Peter Thompson, Department of Anaesthetics, Welsh National School of Medicine.
"The Flying Squad"	Mr. D. Pells-Cocks, Consultant Obstetrician Mid-Glamorgan Hospital Management Committee.
"Abnormal Uterine Action"	Dr. R. C. Cummin, Consultant Obstetrician, Cardiff Hospitals Management Committee.

Visits were arranged to the New Maternity Unit, Glossop Terrace, Cardiff, and the Premature Baby Unit and Milk Bank, St. David's Hospital, Cardiff.

The Committee have authorised the holding of two further courses on similar lines at Dyffryn House, during the next financial year.

One hundred and two of the 130 midwives (excluding supervisory staff) at present in the employ of this Authority have now undertaken an approved refresher course, as required by the Central Midwives Board.

(b) Non-Medical Supervisors of Midwives.

A postgraduate course for non-medical supervisors of midwives was held at Bedford College of London from the 7th to 13th April, when the following supervisors attended :—

Miss Bronwen Davies.
Miss I. H. Jones (Mid-Glamorgan).
Miss M. E. Bowen (Port Talbot and Glynccorwg).

MEDICAL AID.

This was summoned, in accordance with the rules of the Central Midwives Board, on 1,243 occasions for reasons shown in the following table. This compares with figures of 1,171 for 1956 and 907 for 1955.

MIDWIVES ACT, 1951.

SUMMARY OF THE REASONS FOR SENDING FOR MEDICAL HELP FOR THE YEAR 1957.

	Aberdare and Mountain Ash.	Caerphilly and Gelligaer.	Mid-Glamorgan.	Neath and District.	Pontypridd and Llantrisant.	Port Talbot and Glyncorrwg.	South-East Glamorgan.	West Glamorgan.	Rhondda.	Totals.
(1) RELATING TO MOTHER.										
(i) Ante-natal.										
(a) Albuminuria	—	1	8	4	2	3	3	2	9	32
(b) Eclampsia	—	—	—	—	—	—	—	—	—	—
(c) Ante-partum haem.	3	16	9	6	3	10	3	6	9	65
(d) Abortions	—	17	4	2	1	7	5	3	5	44
(e) Miscellaneous	2	7	5	11	3	26	2	2	8	66
(ii) Natal.										
(a) Placenta praevia	—	1	—	1	—	—	—	—	—	2
(b) Prol. 1st st. lab.	2	9	14	6	5	14	3	—	12	65
(c) Prol. 2nd st. lab.	1	20	14	6	7	7	2	6	9	72
(d) Ab. presentation	4	9	6	—	2	—	1	1	9	32
(e) Miscellaneous	—	8	6	19	3	4	—	8	17	65
(iii) Post-natal.										
(a) P.-n. convulsions	—	—	2	—	—	—	—	—	—	2
(b) Albuminuria	—	—	—	13	—	—	—	—	—	13
(c) Rupt. perineum	7	34	41	50	16	39	24	9	48	268
(d) Plac. abnormal	1	12	5	1	2	6	—	1	1	29
(e) Post-partum haem.	1	7	11	5	2	4	—	2	23	55
(f) Puerp. pyrexia	3	6	11	6	9	5	4	1	11	56
(g) Breast conditions	—	3	1	4	—	1	—	—	4	13
(h) Stillbirth	—	3	2	5	2	1	3	2	—	18
(j) Miscellaneous	5	4	15	26	2	9	2	3	7	73
(2) RELATING TO INFANT.										
(a) Neo-natal dis.	—	8	—	—	4	2	—	—	2	16
(b) Asphyxia	1	4	2	3	3	4	2	—	9	28
(c) Malformation	1	8	5	1	5	—	4	2	8	34
(d) Eye conditions	—	4	—	21	9	1	3	2	13	53
(e) Prematurity	2	4	10	4	6	6	5	—	7	44
(f) Skin conditions	—	1	1	6	6	2	8	1	2	27
(g) Jaundice	2	1	2	4	1	—	2	1	4	17
(h) Miscellaneous	2	—	11	18	2	6	4	2	9	54
Totals	37	187	185	222	95	157	80	54	226	1,243

Albuminuria, ruptured perineum, post-partum haemorrhage and puerperal pyrexia were the conditions relating to mothers for which medical help was sought more frequently than in the previous year.

The number of cases in which medical aid for malformation and asphyxia in infants was summoned showed an increase.

The number of instances of abortion for which medical aid was summoned by midwives in the Caerphilly and Gelligaer Division fell from 38 in 1956 to 17 in 1957. There was also a welcome reduction in the figures for the County as a whole, viz., from 68 to 44.

SUPERVISION OF MIDWIVES.

It is the duty of the County Council, as a Local Supervising Authority under the Midwives Acts, to exercise general supervision over all midwives practising in the area, whether in domiciliary, hospital, or independent practice. This work devolves in the main on the Divisional Non-Medical Supervisors acting under the general direction of the Divisional Medical Officers, with the County Non-Medical Supervisor acting on my behalf as liaison officer.

Non-Medical Supervisors are also responsible for the supervision of the Home Nursing Service and the Home Help Service. Duties in connection with the latter service make a disproportionate inroad into their time. In some divisions this is still a matter of concern, in others Home Help Service duties are shared with the Divisional Superintendent Health Visitor. The two Assistant County Home Help Organisers will afford much relief to the more hard pressed divisions, e.g., Mid-Glamorgan and Rhondda. These appointments were made on the 8th April and the 1st September, 1957.

The following figures of inspections carried out during the year show the extent to which claims have been made on the time of the Non-Medical Supervisors, although there is a gratifying increase in the number of visits made to County midwives and home nurses :—

SUPERVISION OF MIDWIVES, HOME NURSES, AND HOME HELPS.

Number of Visits including visits of Inspection made by the Divisional Supervisor of the Midwifery, Home Nursing, and Domestic Help Services.	Aberdare and Mountain Ash.	Caerphilly and Gelligaer.	Mid-Glamorgan.	Neath and District.	Pontypridd and Llantrisant.	Port Talbot and Glyncoerrwg.	South-East Glamorgan.	West Glamorgan.	Rhondda.	Totals.
(a) To County Midwives	239	321	214	179	95	104	185	112	100	1,549
(b) To Independent Midwives	2	—	—	1	—	—	—	3	8	14
(c) To Nursing Homes	—	1	2	—	—	—	6	2	—	11
(d) To Home Nurses	159	229	72	152	94	81	117	175	124	1,203
(e) To Home Helps and Applicants for Home Help	772	666	208	571	348	404	185	709	818	4,681

SUPERVISION OF NURSING HOMES.

It is the duty of the County Council to license private nursing homes (including maternity homes) after inspection, and to revisit them at intervals to see that an adequate service is maintained and that the terms of the licence are fulfilled. Regular inspections were carried out during the year to ensure the proper maintenance of the one nursing home registered under Section 187 of the Public Health Act, 1936.

NURSES' ACTS, 1943 AND 1945.

At the end of the year there were no agencies registered under the Nurses' Acts, 1943–45.

STATISTICS.

	Aberdare and Mountain Ash.	Caerphilly and Gelligaer.	Mid-Glamorgan.	Neath and District.	Pontypridd and Llantrisant.	Port Talbot and Glyncorrwg.	South-East Glamorgan.	West Glamorgan.	Rhondda.	Totals.
MATERNITY CASES ATTENDED BY DOMICILIARY MIDWIVES DURING THE PERIOD.										
COUNTY MIDWIVES—										
Doctor Not Booked	3	8	13	4	4	6	—	1	13	52
Doctor Booked	152	139	147	178	66	159	9	35	128	1,013
	10	43	58	37	22	34	67	50	98	419
	257	497	468	218	348	328	533	229	422	3,300
MIDWIVES IN PRIVATE PRACTICE—										
Doctor Not Booked	—	—	—	—	—	—	—	—	—	—
Doctor Booked	—	—	—	1	—	—	—	—	—	1
	—	—	—	—	—	—	—	—	3	3
	—	—	—	3	—	—	—	—	60	63
ADMINISTRATION OF ANALGESICS.										
No. of Midwives in practice in the area qualified to administer analgesics	10	19	17	10	11	12	17	17	16	129
	12	3	15	18	11	—	10	12	—	81
	1	—	—	1	—	—	—	—	1	3
No. of sets of apparatus for the administration of Gas and Air analgesia in use by County Midwives	10	19	17	10	11	12	17	17	16	129
No. of cases in which gas and air was administered by County Midwives—										
(a) When doctor not present at delivery ..	363	482	448	325	270	396	462	245	446	3,437
(b) When doctor present at delivery	—	37	46	34	20	37	60	13	92	339
No. of cases in which pethedine was administered by County Midwives—										
1. (a) When doctor not present at delivery ..	348	343	406	205	194	243	284	172	284	2,479
(b) When doctor present at delivery	1	28	51	27	19	19	46	25	64	280
2. by Midwives in Private Practice—										
(a) When doctor not present at delivery ..	—	—	—	—	—	—	—	—	5	5
(b) When doctor present at delivery	—	—	—	—	—	—	—	—	1	1
No. of cases in which Trilene was administered by County Midwives—										
(a) When doctor not present at delivery	56	37	35	26	33	74	49	35	28	373
(b) When doctor present at delivery	—	3	19	2	1	5	9	—	4	43
No. of sets of apparatus in use by County Midwives	3	3	3	4	3	3	2	3	3	27

SECTION 24—HEALTH VISITING SERVICE.

On the 31st December, 1957, the service comprised the County Superintendent Health Visitor, Miss E. G. Wright, nine divisional superintendents, one whole-time health visitor, 106 health visitors—school nurses, and six part-time clinic nurses. Four of the health visitors—school nurses, although not in possession of the Health Visitor's Certificate, had been granted dispensation by the Ministry of Health, which enables them to be employed as health visitors.

Frequent changes of staff, with subsequent difficulties, if not failure in maintaining even a minimum level of essential work in some fields, were again features of this Service in 1957.

Losses of health visitors—school nurses, and clinic nurses, by resignation and retirements in 1957 totalled twelve. One whole-time health visitor took up a part-time appointment. There were eleven new appointments, giving a net loss of one officer.

In these appointment figures there are included five student health visitors who qualified during the year and whose appointments helped to maintain the health visiting services in the divisions to which they were allocated.

Eight other students, sponsored by the Health Committee, are undergoing training for the Health Visitor's Certificate at the Welsh National School of Medicine and should be ready to present themselves for examination in June, 1958. This scheme, although excellent in purpose, does little to meet the very real need for more recruits to the Health Visiting Service and does not at the present time cover the loss of existing staff by normal wastage.

In addition to home visits undertaken as part of their school health service duties, health visitors made a total of 235,805 visits during 1957, a decrease of 17,726 visits compared with the figure for 1956. Their visits involved 57,117 families or households; this number included 13,828 visits to tuberculous households. The number of children under 5 years of age visited during the year was 55,506, which was 4,430 less than in 1956. The number of visits made to expectant mothers increased by 779 to a total of 12,129 and a decrease of 4,083 is recorded in visits to "other cases". The 22,671 visits to "other cases" include visits to proposed adopters and special or routine visits to the aged and infirm, problem families, and mental defectives, and can be more time-consuming than normal routine visits to expectant and nursing mothers.

The time of the health visitors is not devoted exclusively to the duties under the National Health Service Acts, slightly more than one-third of their time being employed on School Health Service work. Expressed in terms of whole-time service, the number of health visitors devoted to health visiting was equivalent to seventy-six for 1957, compared with seventy-one for the previous year.

There was a slight increase in the total number of visits paid to expectant mothers and to children under one year of age, but there was a marked fall in the total number of visits paid to other groups by health visitors, viz.:—

			1956	1957
Children between ages 1–2 years	..	..	40,170	38,038
Children between ages 2–5 years	..	..	78,791	67,888
Tb. households	..	..	14,553	13,828
Others	..	..	26,754	22,671

These figures to some extent reflect the operation of a programme of selective visiting made necessary by the growing demands on the time of the existing staff and the failure to recruit a sufficient number of health visitors for the various needs of this very essential Service.

Dr. Kathleen Davies (Mid-Glamorgan Health Division) reports :—

“The number of health visitors is still very much below establishment and this has made it impossible for the routine home visiting of children 1–5 years to be carried out and, as a result, the attendances at the infant welfare clinics have lessened. Children are attending less regularly than in previous years though the number of children going to clinic remains more or less the same.”

SURVEY OF GASTRIC CONDITIONS.

Since 1951, Dr. Ernest Evans, the Consultant Physician at East Glamorgan Hospital, has been undertaking a survey of patients with gastric conditions. Mrs. I. Lott, one of the health visitors in the Pontypridd and Llantrisant Division, has been assisting in the following-up of some of these patients and the following is an extract from comments she has made on this aspect of her work :—

“In my previous report to you in 1956, I informed you that all the patients in the Pontypridd and Llantrisant areas are visited a week or so after their initial attendance at the Gastric Clinic at East Glamorgan Hospital, in order to obtain a complete social history and to advise as to treatment and diet, etc. Subsequently, I visit them periodically throughout the year and at completion of each year for follow-up purposes.

This information is recorded by me on the patients' gastric proformas at East Glamorgan Hospital on Friday mornings, and I understand that it is proving of value to Dr. Evans in his assessment of the patients. The patients, themselves, seem to appreciate the interest taken in their welfare.

In 1957, I made about 651 home visits and since the survey began I have made over 2,600 visits”.

AREA NURSES' TRAINING COMMITTEE.

I am pleased to report that Miss E. G. Wright, the County Superintendent Health Visitor and School Nurse, was reappointed a member of this Committee.

REFRESHER COURSE.

The eighth annual refresher course was held at Dyffryn House during Whit-week 1957. In addition, to thirty-one Glamorgan health visitors, ten health visitors from the Bristol Health Department attended by arrangement between the two Authorities.

Miss E. G. Wright acted as Warden of the course, the theme of which was “Health Education”, and the following programme of lectures was arranged :—

<i>Subject.</i>	<i>Lecturer.</i>
“Neo-natal Morbidity”	Dr. J. Jacobs.
“The Handicapped and the Health Visitor”	Dr. W. E. Thomas.
“After-Care of the Tuberculous Patient”	Dr. S. H. Graham.
“Common Eye Defects in Children”	Dr. Gwladys Evans.
“Care of the Premature Baby in Domiciliary Midwifery”	Miss B. Davies.
Health Education—“Ante-natal Classes”	Miss E. G. Wright.
“The Future of Public Health Nursing”	Dr. R. T. Bevan.
“Child Guidance”	Dr. J. P. Spillane.
“Preventive Aspects of Mental Health”	Dr. T. J. Hennelly.
“Toxaemia of Pregnancy”	Dr. J. G. Lawson.

Visits were paid to the Plastic Surgery Centre, St. Lawrence Hospital, Chepstow, to Whitchurch Hospital, and, in addition, a number of instructional films were shown.

GENERAL.

Additional duties were placed on health visitors by the National Health Service Act. What was not foreseen in 1948 was the inability to attract suitable nurses willing to undergo training to become health visitors and the constant difficulties likely to face progressive authorities desirous of undertaking a complete Health Visiting Service.

Extra anti-polio vaccination clinic sessions, special visits of enquiry in connection with nationally-sponsored or other research projects make serious inroads into the time of the health visitor. If she has a very heavy case load—as most of them have—some work, usually home visits, must be left undone after she has made her own assessment of the relative urgency or importance of the various cases. The result is that a little time is devoted to each phase of her home-visiting, e.g., expectant mothers, infants and toddlers, the tuberculous, problem families or the aged, but it is insufficient to deal adequately with all the households in her care.

Unfortunately there is little immediate prospect of remedying this situation.

HEALTH VISITING STATISTICS.

The following table shows the number of health visitors employed in the respective health divisions, and the number of visits paid during the year :—

			Aberdare and Mountain Ash.	Caerphilly and Gelligaer.	Mid-Glamorgan.	Neath and District.	Pontypridd and Llantrisant.	Port Talbot and Glyncorrwg.	South-East Glamorgan.	West Glamorgan.	Rhondda.	Totals.
No. of Health Visitors, excluding Divisional Superintendent H.V.s, employed at the end of the year	{ Whole-time on health visiting		—	—	—	—	—	—	—	—	—	—
	{ Part-time on health visiting		10	8	12	11	12	6	16	11	20	106
Equivalent of whole-time service devoted by Health Visitors to health visiting (all classes)			6.87	7.04	8.00	5.58	9.72	5.00	13.65	8.04	12.00	76.00
No. of visits paid by Health Visitors	{ Expectant mothers	{ First visits	451	797	1,308	611	233	450	323	485	577	5,235
		{ Total visits	1,259	1,247	4,956	916	434	768	713	731	1,105	12,129
	{ Children under 1 year of age	{ First visits	1,065	1,591	1,811	1,030	1,141	1,097	2,168	1,047	1,712	12,662
		{ Total visits	7,302	6,477	7,620	5,658	7,123	5,869	13,740	8,218	19,244	81,251
	{ Children between ages 1-2 years .. Visits		3,265	3,416	2,268	2,847	3,869	2,918	6,854	3,959	8,642	38,038
	{ Children between ages 2-5 years .. Visits		7,820	5,476	6,393	6,252	5,424	6,777	10,995	7,917	10,834	67,888
	{ Tuberculous Households .. Visits		1,737	674	1,544	1,332	1,575	1,977	1,396	1,268	2,325	13,828
{ Others Visits		5,132	2,384	3,151	1,439	2,571	1,641	1,523	1,792	3,038	22,671	

SECTION 25—HOME NURSING SERVICE.

On the 31st December, 1957, there were engaged in this most valuable service 122 whole-time and twenty-four part-time home nurses. In addition, there were fifteen nurse/midwives. This represents an increase of one nurse/midwife over the numbers for the previous year.

Of the 146 whole-time and part-time home nurses, 79 per cent are married, 17 per cent are single, and 4 per cent are widows.

The calls on this service become heavier each year, as will be seen from the following table :—

Year.	Cases attended.	Visits paid.
1950	15,510	391,861
1951	16,692	435,285
1952	15,030	445,014
1953	16,665	470,376
1954	16,696	499,319
1955	17,851	520,299
1956	17,053	539,386
1957	17,198	572,066

Since 1950, the number of visits has increased by 46 per cent.

The number of patients dealt with showed an increase of 145 over the previous year, but the number of visits increased by 32,680 to the record total of 572,066. Of this number more than half were paid to patients who were sixty-five or over. There were 6,253 such patients and the fact that they received nursing attention on 296,108 occasions indicates that most of the elderly patients require frequent visitation, usually for long periods. About one fifth of all patients visited were surgical cases. It may be assumed, in the absence of supporting figures, that some of the 3,720 patients in this category had recently been discharged from hospital, thus freeing much-needed beds for patients on hospital waiting lists.

Dr. Kathleen Davies, the Divisional Medical Officer, Mid-Glamorgan Health Division, suggests the following reasons for the increased demand for the Home Nursing Service in that Division :—

(a) The greater use of the Service by the public because it is free and because they feel that they have every right to use it, the nurses being often called in for trivial nursings.

(b) The increased number of women going out to work—previously all minor nursings needed in the home were done by them but now they have no time and instead call upon the home nurse.

(c) The earlier discharge from hospital of post-operative patients (since the staphylococcal infection in the Bridgend hospital infected wounds even in “clean cases” are much more common.)

(d) The preparation of patients for barium enemas. Prior to the last few years all these patients were admitted to hospital and the preparation carried out there, but now they are being prepared in their own homes.

(e) The greater use of injections in treatment . . .

Of the Service in the Aberdare and Mountain Ash Division, Dr. J. Llewellyn Williams reports :—

“It is extremely difficult to obtain hospital beds for the chronic sick and elderly infirm in this area, although I must confess I have received every co-operation possible from Dr. Probert, the late Medical Superintendent of St. Tydfil’s Hospital.

Undoubtedly the home nurses have to spend much time nursing many patients who should have hospital care. On the other hand, it can well be argued that often if there were more home nurses who had more time available, many cases of chronic sick patients could be adequately nursed at home without being taken out of their environment into a hospital some considerable distance away.

It is quite true that the Home Nursing Service has relieved the pressure on hospitals by providing home care for many patients who would otherwise be admitted to hospitals if beds were available . . .

I feel that this is a service which must continue to be built-up in stages until we have a complete domiciliary service which would cater not only for the needs of old people and chronic sick persons but also younger persons, including children.”

Health Divisions.	No. of cases attended.					Total visits paid.					No. of cases remaining on registers at the end of the year.							
	Medical.	Surgical.	Infectious Diseases.	Tuberculosis.	Maternal Complications.	Others.	Medical.	Surgical.	Infectious Diseases.	Tuberculosis.	Maternal Complications.	Others.	Medical.	Surgical.	Infectious Diseases.	Tuberculosis.	Maternal Complications.	Others.
Aberdare and Mountain Ash ..	1,281	267	2	70	7	29	49,193	12,906	27	2,269	84	124	298	59	—	5	—	5
Caerphilly and Gelligaer ..	1,607	547	17	59	20	18	47,667	14,868	93	3,214	150	48	362	97	—	16	1	3
Mid-Glamorgan	1,559	681	7	92	17	7	50,794	15,259	28	2,919	122	85	433	89	—	19	—	—
Neath and District ..	762	259	—	255	8	4	26,994	7,561	—	17,155	34	10	191	45	—	58	—	1
Pontypridd and Llantrisant ..	1,006	273	5	28	2	—	25,657	7,706	26	1,568	8	—	257	42	—	2	—	—
Port Talbot and Glyncoerrwg ..	1,059	318	3	137	18	7	32,460	7,626	11	7,883	115	88	232	49	—	31	1	1
South-East Glamorgan ..	1,530	657	9	58	8	7	60,058	20,270	57	3,278	182	367	467	166	—	7	4	2
West Glamorgan	1,217	308	5	121	20	36	46,200	8,461	41	6,715	153	1,070	330	52	—	36	—	1
Rhondda	2,305	410	4	48	14	10	76,118	11,440	16	2,702	172	14	504	54	—	8	1	—
Totals	12,326	3,720	52	868	114	118	415,141	106,097	299	47,703	1,020	1,806	3,074	653	—	182	7	13

SECTION 26—VACCINATION AND IMMUNISATION.

VACCINATION AGAINST SMALLPOX.

The figures given in the following table show an increase of nearly one thousand vaccinations over last year. It is very gratifying to report this increase particularly as two-thirds of the number appear in the under one-year old group. This is due in no small measure to the special endeavours which have been made by medical officers and health visitors to persuade parents of infant children to consent to their vaccination. Whilst the number being revaccinated has also increased the response to vaccination is nevertheless still inadequate and large numbers of the population remain unprotected.

Health Division.	Number of persons vaccinated.											
	Vaccinated.						Re-vaccinated.					
	Age at 31st December, 1957.						Age at 31st December, 1957.					
	—1.	1.	2-4.	5-14.	15+.	Total.	—1.	1.	2-4.	5-14.	15+.	Total.
Aberdare and Mountain Ash ..	34	7	3	3	27	74	—	—	—	1	35	36
Caerphilly and Gelligaer ..	314	17	13	3	7	354	—	—	—	3	4	7
Mid-Glamorgan	222	38	46	24	48	378	—	—	4	11	58	73
Neath and District	140	15	16	16	16	203	—	—	—	5	67	72
Pontypridd and Llantrisant ..	104	8	9	10	30	161	—	—	1	6	50	57
Port Talbot and Glyncoirwg ..	421	22	22	10	38	513	—	—	—	1	—	1
South-East Glamorgan	517	55	86	58	16	732	—	—	14	46	449	509
West Glamorgan	127	70	17	10	28	252	2	2	2	3	64	73
Rhondda	127	10	23	15	64	239	—	—	4	6	123	133
Totals 1957	2,006	242	235	149	274	2,906	2	2	25	82	850	961
Totals 1956	1,353	159	81	86	229	1,908	1	—	21	45	505	572

No cases of generalised vaccinia, post vaccinal encephalomyelitis, or deaths from other complications of vaccination were reported during this period.

IMMUNISATION AGAINST DIPHTHERIA.

During 1957, 5,922 children completed a full course of primary immunisation and 2,398 children were given a secondary or reinforcing injection. The corresponding figures for 1956 were 8,972 and 4,363 respectively.

During the first ten years of the present century the average number of deaths from diphtheria in Glamorgan was 237 per annum. In 1940 there were ninety-eight deaths; last year was the ninth successive year with no deaths from this disease.

As stated last year, parental apathy towards diphtheria immunisation continues. There was a decrease of 3,050 in the number completing a full course of primary immunisation, whilst the number receiving a secondary injection declined by 1,965. Because no deaths have occurred parents refuse to be persuaded that the hard-won fight to achieve this can easily be lost.

The diphtheria immunisation figures for the respective health divisions and the diphtheria immunity index for the County are shewn in the following tables :—

DIPHTHERIA IMMUNISATION.

Health Division.	Number of children who completed a full course of Primary Immunisation.				Total number of children who were given a Secondary or Reinforcing Injection.
	Age at the date of the Final Injection.			Total.	
	—1	1-4	5-14		
Aberdare and Mountain Ash	416	80	126	622	683
Caerphilly and Gelligaer	288	225	110	623	426
Mid-Glamorgan	371	313	181	865	555
Neath and District	291	192	19	502	113
Pontypridd and Llantrisant	262	143	12	417	72
Port Talbot and Glyncoirwg	419	172	8	599	171
South-East Glamorgan	774	287	84	1,145	167
West Glamorgan	82	476	13	571	152
Rhondda	274	290	14	578	59
Totals	3,177	2,178	567	5,922	2,398

DIPHTHERIA IMMUNITY INDEX—GLAMORGAN.

	Under 1	1-4	5-9 10-14	Under 15 Total.
1953 ..	8·60	58·60	35·21	39·70
1954 ..	10·71	59·09	31·93	37·70
1955 ..	6·42	57·36	31·45	36·66
1956 ..	12·04	55·78	30·17	35·65
1957 ..	6·5	56·15	26·84	33·06

In Glamorgan the percentage of babies immunised against diphtheria before their first birthday (6·5) falls far short of the figure of 75 per cent necessary to protect the child population.

Efforts to encourage mothers to obtain immunisation for their children are still being made almost continuously by the health visitors and clinic medical officers, but it would seem that protection against poliomyelitis has been requested by parents in preference to rather than in association with protection against whooping cough and diphtheria.

WHOOPIING COUGH.

Whooping Cough is still a potential "killer" of small children. 1,797 cases were notified in 1957 and there were four deaths from this disease. In 1956 there were 665 notified cases, and two were fatal.

The following table shows the number of children who were immunised against whooping cough during 1957. The figures are not necessarily complete as they include children who have received one or two injections, but failed to attend for the third injection.

Unfortunately since combined whooping cough-diphtheria vaccine is no longer used in our clinics five separate injections are required for protection against whooping cough and diphtheria.

Protection is first offered against whooping cough, for which three injections are necessary, and the response to subsequent appointments for diphtheria immunisation, requiring two injections, tends to be poor.

WHOOPIING COUGH IMMUNISATION, 1957.

	Whooping Cough.				Combined Diphtheria and Whooping Cough.			
	0-1 year.	1-4 years.	Over 4 years.	Total.	0-1 year.	1-4 years.	Over 4 years.	Total.
Aberdare and Mountain Ash ..	262	78	8	348	11	372	12	395
Caerphilly and Gelligaer	361	86	1	448	186	148	5	339
Mid-Glamorgan	99	58	—	157	194	136	—	330
Neath and District	279	179	1	459	—	—	—	—
Pontypridd and Llantrisant ..	393	159	5	557	—	—	—	—
Port Talbot and Glyncoirwg ..	270	42	—	312	315	137	—	452
South-East Glamorgan	255	70	1	326	411	207	10	628
West Glamorgan	91	116	4	211	21	353	1	375
Rhondda	222	309	6	537	—	—	—	—
Totals	2,232	1,097	26	3,355	1,138	1,353	28	2,519

VACCINATION AGAINST INFLUENZA.

Asian type influenza became prevalent in this County at the end of the summer, school children being particularly affected.

Vaccination against this type of infection was offered to certain groups of doctors, nurses, midwives, ambulance drivers, and other health workers who, by the nature of their work, were specially exposed to infection and on whom the epidemic was likely to place a specially heavy burden.

Supplies of vaccine were allocated to this County for the Council's own staff in the selected groups and for general practitioners.

The vaccine was received during the week commencing the 7th October, and vaccination began soon afterwards. 521 members of the staff of the Department were vaccinated under these arrangements and ninety-three general practitioners were supplied with vaccine for their personal protection. The numbers in the respective groups of our own staff who were vaccinated are as follows :—

Home Nurses	..	..	83
County Midwives	..	..	66
Ambulance personnel	..		126
Home helps	..	..	208
Health visitors	..	..	38

A number of untoward reactions arose when vaccination was first given and, in fact, 114 personnel who received one injection did not wish to have a second injection. In two of these instances rigours were experienced but in most of the cases reactions took the form of catarrhal colds accompanied by influenza symptoms.

VACCINATION AGAINST POLIOMYELITIS.

Vaccination of selected groups of children against poliomyelitis was continued during the year. In July registration was offered to parents of children in the undermentioned age groups :—

(a) Children born in 1955.

(b) Children born in 1956.

(c) Children born in the years 1947–1954 inclusive, who have not hitherto been registered.

As a result the names of 28,393 children were added to the register.

By the 31st December, 1957, a total of 44,436 children had been completely vaccinated since the commencement of the scheme.

In at least one Division confusion and difficulty were caused by the action of some parents of children already registered who, in their anxiety to make sure that their children received protection, sent in two or more consent cards.

A circular from the Welsh Board of Health, issued in November, announced the Government proposal to offer vaccination before the summer of 1958 to children under the age of 15 and to expectant mothers. In addition a continuing offer of vaccination is to be made to children born in 1943–1956 inclusive, to children born in 1957 who have reached the age of six months, and to expectant mothers.

Increased supplies of vaccine from British sources are to be made available, as well as supplies of Salk Vaccine manufactured in Canada and the United States. This welcome extension of the vaccination programme cannot be accomplished without some interference with, or postponement of some of the other departmental services.

Parents and expectant mothers are given an opportunity of refusing Salk Vaccine if they would prefer vaccine of British manufacture to be used.

In anticipation of increased supplies becoming available, an offer of vaccination was made to general practitioners and their families and to local health authority ambulance staff and their families. General practitioners wishing to take part in this extended vaccination programme were given an opportunity of doing so.

POLIOMYELITIS VACCINATION, 1957.

Health Division.	Number of persons who received two injections during 1957.	Number of persons who had only received one injection at 31st December, 1957.	Number of persons on register awaiting vaccination at 31st December, 1957.
Aberdare and Mountain Ash ..	4,275	954	1,410
Caerphilly and Gelligaer ..	4,914	487	2,905
Mid-Glamorgan	4,752	731	3,114
Neath and District	3,657	499	2,839
Pontypridd and Llantrisant ..	4,672	777	2,865
Port Talbot and Glyncoirwg ..	3,234	391	2,909
South-East Glamorgan ..	5,232	617	6,883
West Glamorgan	3,018	438	2,254
Rhondda	5,640	1,159	3,924
Totals	39,394	6,053	29,103

SECTION 27—COUNTY AMBULANCE SERVICE.

PERSONNEL.

On the 31st December, 1957, the personnel of the service comprised :—

- 1 County Ambulance Officer (Mr. D. I. Morris).
- 7 Area Ambulance Superintendents.
- 21 Assistant Superintendents.
- 157 Driver/Attendants in the employ of the County Council.

The authorised establishment of driver/attendants is 160 rising to 202. In addition one private firm remained under contract with the County Ambulance Service to operate and garage a vehicle belonging to the County Council.

TRAINING OF PERSONNEL.

It is a condition of service that drivers take a refresher course in first aid during each financial year and pass a first aid examination at least every third year to retain the inclusive basic wage.

At the end of the year 135 drivers were in possession of current first aid certificates.

SAFE DRIVING COMPETITION.

In the National Safe Driving Competition for 1956, organised by the Royal Society for the Prevention of Accidents, 122 of our drivers were awarded diplomas.

All drivers are entered in this Competition and the awards will be an encouragement to them to maintain a high standard of driving and so contribute in some measure to the efforts of those engaged in the campaign to reduce the number of road accidents.

CAPITAL BUILDING PROGRAMME.

No major building works were undertaken during the year, but plans for the erection of a new ambulance control station at Trealaw were prepared and it is hoped that the building will be completed in 1958.

FIRE SERVICE PREMISES.

Premises still shared generally with the Fire Service are as follows :—

Ambulance Sub-Stations—

Fire Service Station, Cowbridge.

Fire Service Station, Porthcawl.

It has been found impossible to obtain other accommodation in Porthcawl, although it would be desirable to do so as the space now occupied in the fire station by the ambulance vehicle personnel is required for Fire Service purposes.

NATIONAL HEALTH SERVICE (AMENDMENT ACT, 1957).

Under this Act, local health authorities are empowered to supply ambulance conveyance of persons in circumstances in which authorities have not already an obligation to do so, e.g., attendance at sports meetings, etc., to deal with possible casualties.

Similarly, local health authorities have power to carry out, on an agency basis and subject to repayment, ambulance facilities for industrial undertakings required by Statute to provide ambulance facilities for their employees

Apart from continuing the arrangements undertaken by the County Ambulance Service since 1948, as agents of the National Coal Board, occasions when the assistance of the County Ambulance Service has been sought, in accordance with the new Act, have so far been very few.

OPERATIONAL DETAILS.

As will be seen from the first of the following tables, 1,587,433 miles were travelled in 1957, involving 57,280 journeys, and the removal of 286,476 patients. Compared with the preceding year these figures show reductions of 45,839 in mileage, 838 in the number of journeys, and 823 in the number of patients conveyed.

These are welcome reductions. There is no reason to think that these figures could not be further reduced if persons refrained from requesting the use of the Service without reasonable cause.

MONTHLY TOTALS OF WORK DONE.

1957.	Patients.	Journeys.	Mileage.
January	26,233	4,968	142,579
February	23,756	4,505	127,935
March	24,723	4,803	136,448
April	23,333	4,742	128,999
May	26,631	5,036	141,936
June	22,875	4,512	124,483
July	24,463	4,840	138,306
August	20,783	4,628	127,548
September	22,269	4,876	129,169
October	23,807	4,786	131,050
November	25,333	4,768	132,540
December	22,270	4,816	126,440
Totals ..	286,476	57,280	1,587,433

COMPARATIVE SUMMARY OF WORK DONE.

Control Station.	1956.			1957.		
	Journeys.	Patients.	Mileage.	Journeys.	Patients.	Mileage.
Aberkenfig ..	9,279	41,152	255,973	9,008	41,029	244,571
Bargoed	6,321	31,318	196,188	5,957	29,661	175,378
Barry	5,760	28,614	180,032	5,699	27,080	170,368
Gorseinon ..	6,225	26,481	188,096	6,138	28,052	177,455
Neath	9,490	38,259	210,242	9,306	37,987	206,920
Pontypridd ..	11,471	67,095	354,005	11,551	70,755	367,367
Trealaw	9,572	54,380	248,736	9,621	51,912	245,374
Totals ..	58,118	287,299	1,633,272	57,280	286,476	1,587,433

Pontypridd is the only Control Station that does not show a reduction in the number of journeys, patients, and mileage for 1957. This Station has always worked under considerable pressure and the increased figures shown above are in some measure due to the development of out-patient work at the Aberdare Hospital, where recently the ambulance stationed at Aberdare has been unable to meet, without assistance, the exceptional demands for the conveyance of Glamorgan patients to and from the Aberdare and Merthyr Hospitals.

The help of the Aberdare Hospital staff has been sought in an endeavour to co-ordinate requests for transport so as to avoid unnecessary mileage. Frequent changes of medical and nursing staff at hospital can easily result in lack of proper liaison with the Ambulance Service but usually a visit from the County Ambulance Officer to the hospitals concerned is sufficient to adjust any temporary difficulties arising from this cause.

In most areas the local general practitioners appreciate the work that is being done and co-operation between them and the Area Ambulance Superintendents is excellent.

RADIO TELEPHONY.

Two-way radio communication was first used by the County Ambulance Service in November, 1952, when, as an experiment, certain vehicles in the Barry Control area were fitted with sets.

In July, 1954, a transmitter station was installed at Eglwysilan and the vehicles in the Pontypridd and Bargoed Control areas fitted with receiving sets. The vehicles attached to the Treallaw Control were later similarly fitted. During 1956 the remaining areas covered by the Aberkenfig, Neath, and Gorseinon Controls were included in the scheme following the erection of temporary transmitters at the Control Station at Aberkenfig and Neath and the erection of a transmitter at Crwys Farm, Three Crosses, Gower.

The final stage in the completion of the scheme was to erect transmitters on a site at Cefn Hirgoed, near Bridgend, to be shared with the County Police and at the Foel Mountain site, Cwmafon, where a reverse frequency radio link is in operation.

As an alternative, the radio pole and aerial temporarily installed on the roof of the old Town Hall, at Neath have been made permanent.

There is no doubt as to the increase in the general efficiency of the Ambulance Service since the introduction of this method of communication, particularly in dealing with emergencies and the Area Ambulance Superintendents are enthusiastic in its praise.

DAMAGE TO VEHICLES.

The vehicle accident rates for 1956 and 1957 classified in control areas are set out in the following table, which show that ambulance vehicles were involved in 84 accidents in 1957, a decrease of thirty-four over the previous year.

ACCIDENT RATES.

1956.				1957.			
Control Area.	No. of operational vehicles.	No. of Accidents.	Accident Incidence per 10,000 miles.	Control Area.	No. of operational vehicles.	No. of Accidents.	Accident Incidence per 10,000 miles.
Barry ..	8	8	0.444	Trealaw ..	10	7	0.285
Trealaw ..	10	14	0.563	Neath ..	13	9	0.435
Aberkenfig ..	14	15	0.586	Barry ..	8	8	0.470
Neath ..	13	15	0.714	Pontypridd	17	18	0.490
Bargoed ..	9	16	0.816	Bargoed ..	9	10	0.570
Pontypridd ..	17	31	0.876	Aberkenfig ..	14	14	0.572
Gorseinon ..	9	19	1.010	Gorseinon ..	9	18	1.014

CONVEYANCE OF PATIENTS BY TRAIN.

The following table shows the number of patients conveyed by rail in 1957 :—

	Recumbent.	Sitting Up.	Total.
1953	71	169	240
1954	55	190	245
1955	47	133	180
1956	34	149	183
1957	41	152	193

My thanks are again due to the Western Region of the British Railway Executive for their continued help, which has always been a pleasing feature of the arrangements made for the transport of patients by rail. The ambulance services of other local health authorities have also rendered prompt and efficient help in undertaking the collection of patients at the end of their train journeys and their conveyance to the address required. 193 patients, forty-one of whom were recumbent, were conveyed under these very convenient, time-saving and economical arrangements in 1957.

NATIONAL COAL BOARD.

Ambulance Service vehicles continue to be made available to the National Coal Board for the conveyance of injured mineworkers, and during the year 4,454 patients—eighty-six more than in 1956—were carried on their behalf, a distance of 58,757 miles.

VEHICLES.

This Authority was one of the first to use diesel driven vehicles. There are now thirty-seven in operation, an increase of twenty-three over the previous year, and future replacements will be mainly by vehicles of this type. The fleet consists of eighty operational and twenty reserve vehicles.

SERVICING.

The servicing and maintenance of the County Ambulance vehicles is arranged by the County Surveyor. Most of this work is done at the Waterton Depot, but vehicles at outlying stations are serviced at local commercial garages and are sent to Waterton periodically for major overhauls. These arrangements continue to work satisfactorily, and the Plant Engineer and his staff at Waterton are particularly helpful in dealing expeditiously with our vehicles so that they may be put back into service without delay.

COSTS.

A statement of mileage costs prepared by the County Treasurer in respect of the year 1956-57 showed that running costs increased in that year from 32·05d. to 36·55d. per mile.

HOSPITAL CAR SERVICE.

During the year the Committee considered the possibility of supplementing the Ambulance Service by the introduction of a voluntary hospital car service. It decided that there would be no material advantage in recommending the employment of a voluntary hospital car service or the use of sitting case cars as part of the ambulance fleet in Glamorgan.

CIVIL DEFENCE AMBULANCE—CASUALTY COLLECTING SECTION.

Following the appointment of Mr. J. Hull to assist in the administration, organisation, and operational work and to act as senior Section Instructor, a good beginning was made in 1956 in the training of local instructors for the ambulance and casualty collection section, and this was continued in 1957.

A further training class for local instructors was held at Bridgend during May, June, and July, and seven of the ten candidates who presented themselves for examination were successful in gaining Home Office certificates.

Instruction classes for volunteers were continued in twenty-two centres and these were attended by 262 volunteers.

Training of peacetime Ambulance Service personnel was undertaken during October, November, and December, when classes were held in the seven Ambulance Control Areas.

Driving Instruction.

Two of the four temporary driving instructors resigned their appointments during the year and in view of the shortage of training vehicles their vacancies were not filled.

During the year twelve volunteers who had received driving instruction succeeded in passing the Ministry's driving test and at the end of the year forty-nine volunteers were under driving instruction.

Civil Defence Competition.

The second annual Civil Defence competition was held at the Waterton Training Ground, Bridgend, on Saturday, 14th September, 1957, when the high standard of efficiency shown by members of the Ambulance and Casualty Collecting Section was maintained.

The adjudicator for the Ambulance and Casualty Collecting Section was Dr. R. T. Bevan and the result of the competition was as follows :—

- (1) Bargoed,
- (2) Neath,
- (3) Trealaw.

SECTION 28.—PREVENTION OF ILLNESS, CARE AND AFTER-CARE.

TUBERCULOSIS.

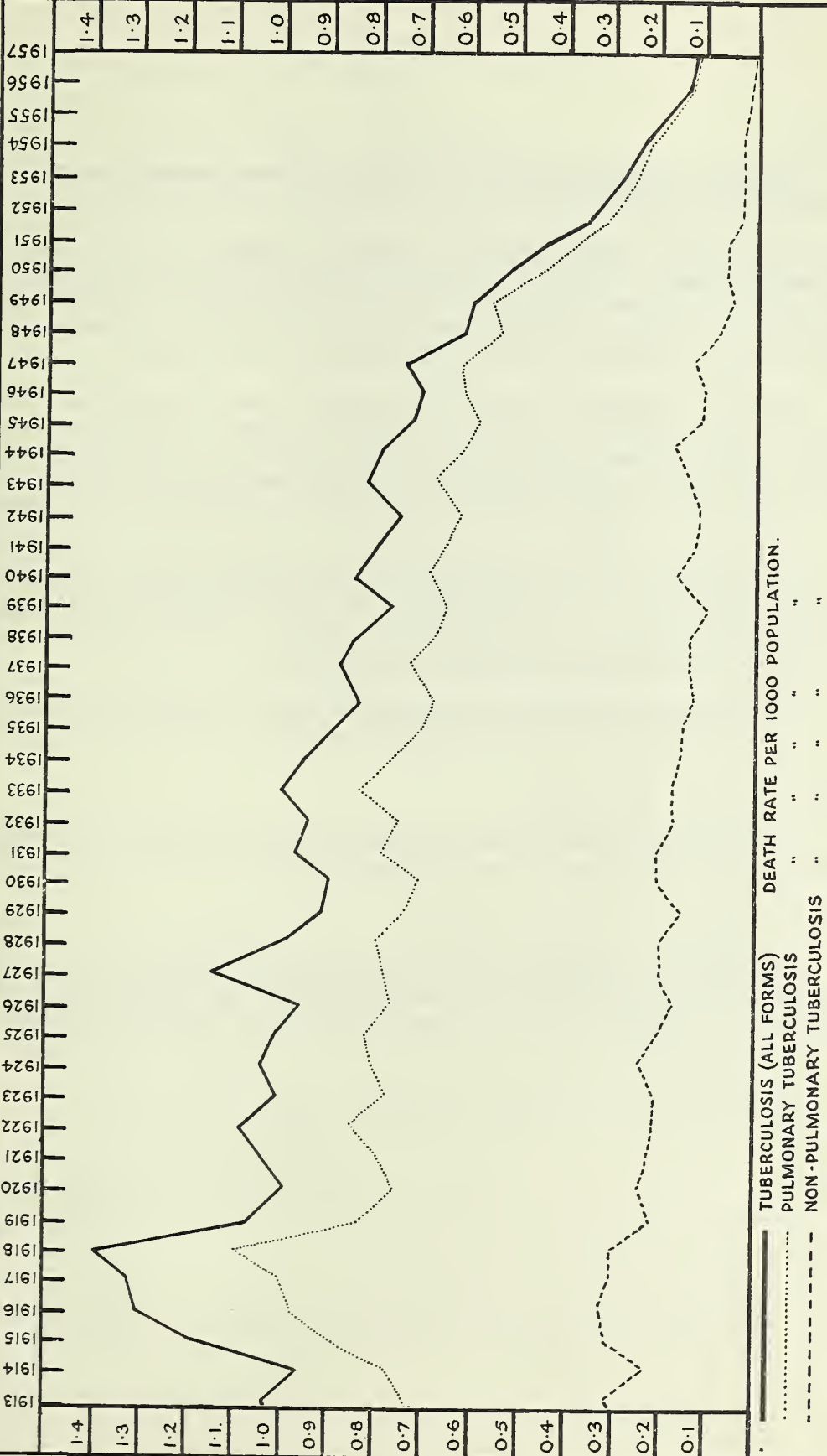
TABLE I.—NOTIFICATIONS.

Year.	Pulmonary.		Non-Pulmonary.	
	Notification.	Rate per 1,000 Population.	Notification.	Rate per 1,000 Population.
1938	842	1.19	345	0.48
1939	844	1.19	310	0.44
1940	975	1.36	332	0.46
1941	933	1.26	355	0.48
1942	934	1.31	322	0.45
1943	991	1.42	356	0.51
1944	1,186	1.68	284	0.40
1945	1,010	1.45	283	0.41
1946	894	1.26	243	0.34
1947	894	1.26	229	0.32
1948	916	1.26	228	0.31
1949	919	1.25	225	0.31
1950	923	1.25	196	0.27
1951	831	1.14	179	0.24
1952	832	1.14	149	0.20
1953	956	1.30	120	0.16
1954	761	1.03	126	0.17
1955	716	0.97	113	0.15
1956	618	0.84	75	0.10
1957	572	0.77	82	0.11

TABLE II.—DEATHS.

Year.	Pulmonary.					Non-Pulmonary.				
	Total Deaths in Glam.	Death Rate per 1,000 population.				Total Deaths in Glam.	Death Rate per 1,000 population.			
		Urban.	Rural.	Total Glam.	England and Wales.		Urban.	Rural.	Total Glam.	England and Wales.
1938	491	0.73	0.59	0.69	0.53	105	0.16	0.10	0.15	0.10
1939	469	0.74	0.42	0.66	0.53	83	0.14	0.05	0.12	0.10
1940	477	0.70	0.57	0.67	0.58	119	0.18	0.12	0.17	0.11
1941	492	0.71	0.54	0.66	0.60	107	0.15	0.12	0.14	0.12
1942	447	0.68	0.48	0.63	0.54	94	0.13	0.12	0.13	0.11
1943	468	0.74	0.49	0.67	0.56	105	0.15	0.14	0.15	0.11
1944	454	0.68	0.55	0.64	0.52	111	0.15	0.18	0.16	0.10
1945	416	0.64	0.49	0.60	0.52	92	0.15	0.09	0.13	0.10
1946	432	0.65	0.49	0.61	0.46	77	0.10	0.12	0.11	0.08
1947	432	0.62	0.56	0.61	0.47	83	0.13	0.09	0.12	0.08
1948	393	0.54	0.55	0.54	0.44	61	0.08	0.09	0.08	0.07
1949	399	0.59	0.43	0.55	0.40	42	0.05	0.08	0.06	0.05
1950	325	0.47	0.37	0.44	0.32	58	0.07	0.10	0.08	0.04
1951	280	0.41	0.31	0.38	0.27	48	0.07	0.05	0.07	0.04
1952	218	0.32	0.25	0.30	0.21	20	0.03	0.02	0.03	0.03
1953	202	0.27	0.30	0.27	0.18	23	0.03	0.03	0.03	0.02
1954	181	0.24	0.26	0.25	0.16	21	0.03	0.02	0.03	0.02
1955	162	0.22	0.22	0.22	0.13	9	0.01	0.005	0.01	0.02
1956	139	0.20	0.17	0.19	0.11	12	0.02	0.01	0.02	0.01
1957	102	0.14	0.14	0.14	0.09	11	0.01	0.02	0.01	0.01

ADMINISTRATIVE COUNTY OF GLAMORGAN TUBERCULOSIS DEATH RATES



Incidence.

Pulmonary tuberculosis notifications in Glamorgan in 1957 decreased from 618 to 572 and the mortality from this disease, as Table II on page 48 shows, decreased by thirty-seven.

Improved and safer milk supplies, due to efficient pasteurisation and better veterinary supervision of dairy herds have played a significant part in bringing about a marked reduction in the number of notifications and deaths from non-pulmonary tuberculosis in the last twenty-five years. The total number of deaths from non-pulmonary tuberculosis conditions in Glamorgan last year was eleven compared with 135 in 1932 but constant vigilance is required to ensure the complete eradication of the disease.

Deaths from pulmonary tuberculosis have also shown a steady decline during the last quarter of a century, the figures ranging from 577 deaths in 1932 to 102 last year. No single factor has been responsible for this. Improved housing conditions, better working conditions, better standards of living all have contributed something on the social side and earlier diagnosis and modern methods of treatment have also played a large part in reducing the number of fatalities from the pulmonary form of this disease.

The Domiciliary Nursing Service is undertaking the nursing treatment of tuberculous patients under the care of the family doctor and local chest physician. Where necessary the service of home helps is provided and the household is put on the special visiting list of the health visitor whose advice is readily available. The School Health Service by its arrangement for the B.C.G. vaccination of school leavers is working to protect the more susceptible adolescent from the risk of infection.

The Pneumoconiosis Research Unit at Llandough Hospital is continuing its long-term surveys and one of our health visitors has been seconded to help in this work.

Boarding-out of Tuberculosis Contacts.

In order to effect segregation from close relatives with active pulmonary Tuberculosis, payment of boarding-out allowances was made in respect of six cases.

B.C.G. Vaccination.

Chest physicians administered B.C.G. to 2,732 contacts of tuberculous patients in their care. In addition 3,447 children were vaccinated by assistant school medical officers under the approved arrangements for the B.C.G. vaccination of school leavers suggested in Ministry of Health Circular 22/53, a decrease of 323 over the previous year.

The following table shows details of the work done in each division :—

B.C.G.

SCHOOL CHILDREN SCHEME.

Division				<i>Re-Examination (after 1 year).</i>		
	Number skin tested.	Number found negative.	Number vaccinated.	Number skin tested.	Number found negative.	Number re-vaccinated.
Aberdare and Mountain Ash ..	664	553	553	—	—	—
Caerphilly and Gelligaer	741	610	608	29	—	—
Mid-Glamorgan	923	691	689	620	36	—
Neath and District	381	304	138	—	—	—
Pontypridd and Llantrisant ..	351	249	248	130	—	—
Port Talbot and Glyncoirwg ..	617	477	474	265	—	—
South East Glamorgan	612	502	500	256	36	—
West Glamorgan	307	239	237	—	—	—
Rhondda	—	—	—	—	—	—
Totals	4,596	3,625	3,447	1,300	72	—

CONTACT SCHEME.

Chest Physician.	Number skin tested.	Number found negative.	Number vaccinated.
Dr. T. W. Davies (Swansea)	118	100	94
Dr. R. G. Prosser-Evans (Neath) ..	175	149	123
Dr. H. Trail (Bridgend)	321	228	263
Dr. E. A. Aslett (Merthyr and Aberdare) ..	316	152	105
Dr. J. Glyn Cox (Pontypridd and Rhondda) ..	2,925	1,915	1,986
Dr. F. W. Godbey (Rhymney and Sirhowy) ..	147	132	110
Dr. S. H. Graham (Cardiff)	76	67	51
Totals	4,078	2,743	2,732

CHIROPODY.

Painful feet due to corns, bunions, ingrowing toe nails is one of the minor but extremely uncomfortable crippling conditions of the elderly.

Although good work is done by voluntary organisations in the area, e.g., Aberdare, Bargoed, Ystrad Mynach and Pontycymmer, where the use of County Council clinic premises is granted free of charge, I feel that this service should be extended and brought fairly and squarely within the range of activities of local health authorities.

The attention to foot conditions now given by the home nurse to some of her elderly sick patients is very useful but it should be augmented or replaced by skilled chiropody and the service should not be restricted to those who are sick.

ISSUE OF MEDICAL COMFORTS.

The free issue of nursing requisites most usually needed for the use of patients being nursed at home is made by the home nurses. The larger items and those not in general demand are issued from the Divisional Office. Stocks of invalid chairs, spinal carriages, and special beds are at times insufficient to meet the demands and divisional stocks have to be supplemented by borrowing from adjacent divisions where possible, or purchasing additional supplies. During the year 4,372 issues were made compared with 4,891 in 1956. Items in greatest demand were air rings, bed pans, mackintosh sheets, invalid chairs, crutches, bed rests, and male urinals.

GENERAL WELFARE.

Among the facilities available for the welfare of handicapped persons, the Welfare Services Committee have included the following for suitable non-infective tuberculous persons :—

- (a) Visits to the home by home visitors to the handicapped.
- (b) Attendance at social centres.
- (c) The issue of part-time handicraft materials for use either in the home or at a social centre.

The co-operation of the chest physicians is sought in the selection of suitable persons who might benefit from these arrangements and adequate provision is made to safeguard the health of the staff and any other handicapped persons with whom tuberculous persons may come into contact at the Centres.

SUPPLY OF ADDITIONAL NOURISHMENT.

One hundred and ninety-nine tuberculous patients were given additional nourishment, e.g., milk, eggs, on the recommendation of the chest physicians.

AFTER-CARE OF PARAPLEGICS.

Close liaison is maintained with those hospitals dealing with the treatment of paraplegics so that, on discharge, paraplegic patients residing in the County may be supplied with items of equipment considered to be necessary for their nursing care and comfort.

In 1957, equipment of this type was supplied to eleven patients on the recommendation of the hospital authorities, on their discharge from hospital.

INCIDENCE OF BLINDNESS.

The work of examining all applicants for inclusion in the Blind and Partially-Sighted Registers maintained by the County Director of Welfare Services has continued, and during the year 900 examinations were undertaken by Dr. Gwladys Evans and Dr. M. Whelton, 437 of these being first examinations. Owing to the age and infirmity of the patients many examinations are made at their homes.

Some indication of the prevalence of the various causes of disability is given by the following :—

A. FOLLOW-UP OF REGISTERED BLIND AND PARTIALLY SIGHTED PERSONS.

	Cause of Disability.				Total.
	Cataract.	Glaucoma.	Retrolental Fibroplasia.	Others.	
(1) Number of examinations during 1957	—	—	—	—	900
(2) Number of persons registered as blind or partially sighted during 1957	222	44	—	225	491
(3) Number of persons at (2) recommended for :—					
(a) No treatment	91	14	—	149	254
(b) Treatment (medical, surgical or optical) ..	131	30	—	76	237
(4) Number of persons at (3) (b) who on follow-up action have received treatment	8	6	—	2	16

Senile cataract is still the principal cause of blindness.

At the end of the year there were 1,980 persons on the Blind Register and 434 on the Partially Sighted Register.

Arrangements for the home teaching and visitation of these persons are made by the Welfare Services Department.

B. OPTHALMIA NEONATORUM.

(i) Total number of cases notified during the year	3
(ii) Number of cases in which—	
(a) Vision lost	Nil
(b) Vision impaired	Nil
(c) Treatment continuing at end of year	Nil

PROVISION OF CONVALESCENCE.

Arrangements were made for the admission of 192 Glamorgan patients to the Porthcawl Rest under this scheme, but only 164 actually accepted the vacancies when offered.

HEALTH EDUCATION.

Most of the health education printed material is supplied by the Central Council for Health Education to whom a contribution is made on the basis of 10s. 0d. per thousand of the population. Occasional supplies of special topics are obtained from other voluntary organisations. Well printed publicity material of attractive design and colour is costly. Many leaflets and posters are to be admired more for the excellence of production than as persuaders of the apathetic, and few are sufficiently effective on their own to evoke a positive response from the persons to whom their message is directed.

All too frequently health education tends to be regarded as a side line to be pursued if time and circumstances permit. Wherever possible, in the clinic or in the home the message of the pamphlet or poster is supplemented by the advice of the doctor or the health visitor. It is the latter officer who has the greatest opportunity of imparting the information or advice needed, whether the subject be child nurture, vaccination, or immunisation, ante-natal care, or the care of the aged.

As I have stated previously, the personal approach of the health visitor is likely to be more effective than much publicity material of the "Please Take One" variety. The public lecture on health topics is no longer in demand. A few requests are received from women's organisations or groups of teachers for talks on particular aspects of the Department's work, but opportunities for reaching the bulk of the population are limited.

SMOKING AND CANCER OF THE LUNG.

The special report of the Medical Research Council inferred that a major part of the very great increase in deaths from lung cancer in males is caused by smoking tobacco, particularly excessive cigarette smoking. The statement made by the Minister of Health in Parliament was followed by a circular dated the 27th June from the Welsh Board of Health requesting County councils to take steps to bring to public notice the risks involved in smoking.

Appropriate publicity material was obtained from the Central Council for Health Education and displayed in clinics. So much publicity has already been given to this subject that opinions of smokers or potential smokers are not likely to be much influenced by the further leaflets or posters which local health authorities may distribute or display.

There is little doubt that the risks are well known to all smokers, most of whom will have made up their mind whether to continue to smoke or not. More than a little will-power and self-discipline are necessary to break a long established cigarette smoking habit and those unwilling or reluctant to make the effort may fortify their irresolution with the thought that lung cancer is more likely to affect "the other fellow".

Fingers of grammar school boys attending for interview for junior posts in my Department convey the impression that many of these youngsters are already well on the way to becoming addicted to tobacco smoking. It is, therefore, to the teenager and the young adult that the anti-tobacco smoking campaign should be directed. The risks should be made very clear to them before they commence to smoke.

Assistant medical officers and health visitors have been asked, whenever an appropriate opportunity presents itself during their visits to schools, to talk seriously to senior pupils with a view to dissuading those who have already commenced to smoke or advising others not to begin the habit.

Another proposal is to arrange for the public libraries within the County to issue a book-mark (specimen enclosed) with books borrowed. In making known the risks involved to potential and actual smokers our comparatively puny efforts cannot hope to counter effectively the cigarette and tobacco manufacturers' sales campaign, in which every costly modern medium of persistent advertising is being used.

PREVENTION OF BREAK-UP OF FAMILIES.

The work of the Co-ordination Committees in the respective Health Divisions continued. The officers of the statutory and voluntary bodies pool their knowledge of the individual cases and agree on the best method of dealing with the most pressing of the problems besetting the household.

Sometimes supervision of the family is left to the health visitor ; in other cases the children's visitor, or the school welfare officer, or the N.S.P.C.C. Inspector undertakes the responsibility where this can appropriately be done. Each household is a problem in itself and there is no magic formula, the application of which will produce spectacular results by dispelling squalor and dirt, converting the physical and mental inertia of a harassed mother into a state of positive health, relieving the financial anxiety arising from accumulated arrears of payments for goods—many of them necessities “purchased” on the “never-never” system, or by persuading the father to curtail his spending on beer and tobacco so that his wife may have something more to spend at the grocers and butchers.

An ounce of practical help is worth a ton of exhortation ! Social Service units organised on a voluntary basis are doing good work in some parts of the country by going into selected households and giving practical help in an attempt to rehabilitate the family and restore its self-respect.

The Kent County Council have recently put into operation a system whereby the domestic help service provides free help to certain problem families with young children. Known as a “Child Help Service”, its main purpose is to prevent children from being taken into County Council care by so improving the state of the household that they can no longer be regarded as neglected. This piece of practical social work is producing good results and is an experiment that might be worth a trial in this County.

PREVENTION OF ACCIDENTS.

Youth and age figure most prominently among the groups of casualties due to accidents in the home or on the road.

In 1957, according to road accident figures supplied by the Chief Constable, there were 3,533 road casualties, seventy-nine of which were fatal. These figures compare unfavourably with 3,185 casualties and seventy-seven deaths during 1956.

The home is still a place where the toddler can get into much danger. For the older person, carelessness, ignorance and the thought that “It can't happen to me” are factors which tend to precipitate accidents. The self-willed but feeble, senile person who totters unsteadily downstairs or stoops over an unguarded fire is “living dangerously” near the point of becoming an avoidable casualty.

All our nursing staff are alert to these dangers and these and other hazards are matters to which health visitors pay particular attention during their visits to homes.

In the Mid-Glamorgan Division Dr. Kathleen Davies has reported on the following investigation of accidents resulting in the admission of ninety-one children to hospital :—

“During 1957, ninety-one children under 15 years of age living in the Mid-Glamorgan Division were admitted to hospital for treatment following accidents. All these cases were investigated by the health visitors and the mothers were advised on the prevention of further accidents. Many were avoidable and the following table shows the various causes classified in age groups.

	0-1 year.	1-2 years.	2-3 years.	3-4 years.	4-5 years.	5-10 years.	10-15 years.	Total.
Falls*	1	10	4	2	1	8	4	30
Road accidents ..	—	—	—	2	1	7	2	12
Scalds	—	3	3	1	—	2	3	12
Burns	—	4	1	1	1	1	—	8
Ingestion :—								
(a) Pills and tablets	—	—	3	1	1	—	—	5
(b) Powders ..	—	—	1	—	—	—	—	1
(c) Liquids ..	1	2	4	—	—	—	—	7
(d) Foreign bodies	—	—	1	—	—	—	—	1
Miscellaneous ..	—	2	4	—	1	5	3	15
Totals ..	2	21	21	7	5	23	12	91

* Falls :—

In the home	From window	2	} Total, 14.
	From highchair	2	
	From cot	2	
	Downstairs	4	
	Others	4	
Outside the home ..	From wall or railings ..	8	} Total, 16.
	From pram	1	
	From swing	1	
	From tree	1	
	Others	5	

Excluding three cases of burns which were so extensive that the patients had to be transferred to Chepstow Hospital for plastic surgery, the average length of stay in hospital was seven days."

MEDICAL EXAMINATION OF TEACHING AND OTHER STAFFS.

Arrangements approved by the County Council in 1956, require that new entrants to the Council's service should complete a questionnaire prepared by the County Medical Officer, a medical examination being arranged only if the necessity for one is indicated by the completed questionnaire, but all new entrants to the Authority's teaching service are required to undergo chest X-ray examination and the appropriate arrangements were made with local chest clinics and mass radiography units.

During the year 1,363 new entrants to the County Service completed the new medical questionnaire. Of these, 243 were referred for medical examination and 467 for chest X-ray examination. These figures included 194 new entrants to the County teaching service, of whom thirty-four were referred for medical examination and 137 for chest X-ray examination.

Under the Ministry of Education regulations all new entrants to the teaching profession must be medically examined. Forty-three such examinations were carried out, including twenty-two on behalf of other authorities ; in addition, 504 candidates were medically examined as to fitness for admission to courses of training for teachers.

Four hundred and fifty eight miscellaneous medical re-examinations (e.g. temporary staff, police pensioners, absentees, etc.), were carried out.

SECTION 29—HOME HELP SERVICE.

Expressed in terms of whole-time equivalents, the establishment of this Service on the 31st December, 1957, was 269. Actually there were on the payroll on that date 16 whole-time, 492 part-time, and 131 casual home helps.

Mrs. N. O. Parry, the County Organiser of Home Helps, was given some much-needed relief in her supervisory work by the appointment of two Assistant Organisers, Miss H. R. A. Corbett, and Miss M. E. Bowen, who commenced duty in April and September respectively. Their assistance has proved invaluable in ensuring the utilisation of home helps in the largest possible number of households.

For the purposes of comparison, the following table shows the number of home helps in each category employed each year since the appointed day :—

Year.	Whole-time.	Part-time.	Casual.	Total.
1948	44	26	—	70
1949	106	63	—	169
1950	105	153	27	285
1951	76	121	183	380
1952	64	102	265	431
1953	48	86	366	500
1954	32	68	455	555
1955	22	65	534	621
1956	17	53	551	621
1957	16	492	131	639

During the year 198 home helps were appointed ; there were 180 resignations.

The following table shows the number of home helps employed in each division and the number and types of cases where help was provided during the year :—

HOME HELP SERVICE.

	Aberdare and Mountain Ash.	Caerphilly and Gelligaer.	Mid-Glamorgan.	Neath and District.	Pontypridd and Llantrisant.	Port Talbot and Glyncorrwg.	South-East Glamorgan.	West Glamorgan.	Rhondda.	Total.
No. of Home Helps employed at the 31st December, 1957—										
Whole-time ..	2	5	—	1	3	—	4	—	1	16
Part-time	47	34	76	56	41	48	65	39	86	492
Casuals	24	20	27	—	10	3	8	19	20	131
No. and types of cases where Home Help was provided during the year—										
Maternity	2	10	24	12	11	19	47	5	19	149
Tuberculous ..	4	6	2	13	5	6	15	6	18	75
Chronic sick ..	64	20	149	50	27	62	197	102	231	902
Acute sick ..	26	25	12	35	23	14	53	18	57	263
Aged and infirm ..	160	203	165	152	212	125	179	91	261	1,548
Blind	19	10	22	14	7	18	19	14	19	142
Mental	—	—	—	—	—	—	—	—	—	—
Others	—	3	2	—	2	—	1	1	16	25
No. of cases in which charges were made in accordance with the recovery scale—										
Whole fee charged	5	7	26	23	13	34	61	15	18	202
Part fee charged ..	41	24	41	20	21	27	100	21	99	394
Free service	229	246	309	233	253	183	350	201	504	2,508

Home help was rendered to a total of 3,104 households compared with 3,142 in 1956. Out of a total number of 4,847 domiciliary births recorded in the County last year home help was supplied in only 149 households.

During 1957, 1,548 aged and infirm cases were attended, compared with 1,551 last year.

Free service was rendered in a total of 2,508 cases, part fee was charged in 394, and full fee in 202.

The corresponding figures for 1956 were—free cases 2,509, part fee 425, and full fee 208.

The cost of this service increases steadily, as the following table shows :—

	1950-51	1951-52	1952-53	1953-54	1954-55	1955-56	1956-57
Authorised establishment	230	230	230	230	243	268	269
Actually employed on 31st March—							
Whole-time	95	77	65	49	31	22	19
Part-time	141	113	95	82	68	63	56
Casual	83	192	297	380	489	543	535
Actual expenditure	£46,407	£61,042	£71,603	£83,175	£92,751	£107,372	£120,485

The estimated expenditure on this service for 1957-58 is £131,310.

Applicants liable for the full charge for help given are called upon to pay at the rate of 3s. 3½d. per hour.

The greatest demand for this service continues to come from people over 65 years of age. As the number of aged people in the community increases, even greater demands can be expected for home help for the sick and infirm among the aged population.

In most Divisions the Home Help Service seemed unable to meet the demands made on it and there was a general cry of "Give us more". Skilful assessment of priorities is essential to ensure the best possible use of the available home helps. Even more skilful organisation is required so to plan the work of the home helps, that, without over-spending throughout the year, adequate help is given to those needing it while maintaining sufficient resources to cope with occasionally heavy seasonal demands.

With the limited service at our disposal continuous help is not possible, nor perhaps is it necessary in the majority of households requesting assistance but, within the limits of the staff available, service is given according to need and usually for 4-6 hours a week on different days. Recipients are very grateful for this assistance.

Owing to the number of retired persons or old age pensioners receiving home help, the Service has become almost a free Service, the amount recovered being a comparatively negligible proportion of the total cost.

As the cost per hour increases, so the applications for short-term help lessen for households where the husband is in employment and the figures for 1957 show a further slight diminution in the help given to this type of household.

HOME HELP SERVICE.

QUARTERLY ANALYSIS OF CASES ASSISTED SINCE 1ST JANUARY, 1953.

Quarter ended		Maternity.		Tubercu- losis.		Chronic Sick.		Acute Sick.		Aged and Infirm.		Blind.		Mental.		Other.	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
1953.	31st March ..	87	5.75	79	5.22	497	32.82	146	9.64	610	40.29	81	5.35	1	0.07	13	0.86
	30th June ..	86	5.39	74	4.64	496	31.10	174	10.91	674	42.26	82	5.14	1	0.06	8	0.50
	30th September	78	4.92	82	5.17	484	30.54	159	10.03	691	43.60	80	5.05	—	—	11	0.69
	31st December	70	4.24	82	4.97	515	31.17	163	9.87	731	44.25	83	5.02	—	—	8	0.48
1954.	31st March ..	77	4.28	80	4.44	564	31.33	177	9.84	810	45.00	81	4.50	2	0.11	9	0.50
	30th June ..	61	3.37	85	4.69	533	29.42	157	8.66	868	47.90	94	5.19	2	0.11	12	0.66
	30th September	70	3.76	91	4.89	569	30.61	130	6.99	900	48.41	87	4.68	2	0.11	10	0.55
	31st December	61	3.18	86	4.48	568	29.57	146	7.60	951	49.51	96	4.99	1	0.05	12	0.62
1955.	31st March ..	55	2.69	84	4.11	636	31.13	137	6.71	1016	49.73	99	4.85	—	—	16	0.78
	30th June ..	66	3.08	73	3.41	637	29.75	178	8.31	1067	49.84	102	4.76	—	—	18	0.84
	30th September	60	2.96	66	3.25	593	29.23	154	7.59	1037	51.11	101	4.98	—	—	18	0.89
	31st December	63	2.95	78	3.66	592	27.75	171	8.02	1107	51.90	103	4.83	—	—	19	0.89
1956.	31st March ..	63	2.79	73	3.23	645	28.57	175	7.75	1174	51.99	108	4.78	—	—	20	0.89
	30th June ..	71	3.15	75	3.32	625	27.69	142	6.29	1219	54.01	106	4.70	—	—	19	0.84
	30th September	60	2.63	72	3.15	656	28.71	180	7.88	1189	52.04	111	4.86	—	—	17	0.74
	31st December	56	2.51	69	3.10	636	28.55	167	7.50	1172	52.60	111	4.98	—	—	17	0.76
1957.	31st March ..	49	2.06	74	3.12	713	30.02	171	7.20	1246	52.46	105	4.42	—	—	17	0.72
	30th June ..	50	2.05	67	2.74	750	30.73	175	7.17	1270	52.02	111	4.55	—	—	18	0.74
	30th September	54	2.29	57	2.42	723	30.65	185	7.84	1216	51.55	115	4.87	—	—	9	0.38
	31st December	47	1.94	53	2.18	741	30.49	183	7.53	1253	51.56	122	5.02	—	—	31	1.28

SECTION 51—MENTAL HEALTH SERVICE.

ADMINISTRATION.

The Authority's powers and duties under the Lunacy and Mental Treatment Acts, 1890–1930, and the Mental Deficiency Acts, 1913–38, are the responsibility of the Health Committee, who have appointed the Special Health Services Sub-Committee to deal with these matters.

The service continued to operate generally on the lines set out in the County scheme. Dr. Gwladys Evans, the senior medical officer for mental health work, undertakes most of the medical examinations. It has not been necessary to seek the assistance of the Regional Hospital Board in the examination or re-examination of defectives.

The following are engaged on mental health work :—

Mental Deficiency Acts, 1913–38.

Senior Medical Officer	..	..	Dr. Gwladys Evans.
Petitioning Officers	..	..	The County Medical Officer. The Deputy County Medical Officer. The Senior Medical Officer. Mr. W. J. Harris.
Supervisors	..	..	Mrs. Catherine Edwards, S.R.M.N. Miss Janet Owen, S.R.M.N. Miss Nora L. Roberts, R.M.P.A.

Greenhill Occupation Centre.

Supervisor	..	..	Miss M. E. Stephens.
Assistant Supervisor	..	..	Miss M. J. Lloyd.
Caretaker-Instructor	..	..	Mr. D. T. Bowen (Mrs. Bowen acts as cook and assists her husband with the duties of caretaker).
Gardener-Assistant	..	..	Mr. D. G. Thomas.

Baglan Occupation Centre.

Supervisor	..	..	Miss M. E. Grey.
Assistant Supervisors	..	..	Miss S. J. Howells. Mrs. M. V. Shoebridge.

*Lunacy and Mental Treatment Acts, 1890–1930.**Duly Authorised Officers.*

Mr. E. J. Powell, S.R.M.N.
Mr. Ivor Evans.
Mr. S. Williams.
Mr. D. Mahoney, S.R.N., S.R.M.N., R.M.P.A.

There is excellent co-operation between officers of the department, the Regional Board, and the mental hospitals within the County.

The Deputy County Medical Officer attends the hospitals at Hensol and Drymma on those occasions when Glamorgan patients are reviewed by the Visiting Justices.

At the periodic conferences of the officers engaged in mental deficiency work all cases are discussed in the light of the most recent information available and the decision to include a name on the priority list or to assess the degree of priority is taken by Dr. Bevan, who has the advantage of knowing most of the defectives concerned.

MENTAL DEFICIENCY ACTS, 1913-38.

One hundred and twelve defectives were ascertained to be subject to be dealt with during the year. 1,488 patients were under statutory or voluntary supervision and 897 patients were in institutions. Two hundred patients were on the waiting lists to enter institutions. Sixteen patients were under guardianship, of whom 11 receive guardianship grants at the rate of 36s. 0d. each per week. At Christmas time an additional sum of 7s. 6d. was provided for each patient under guardianship for the provision of Christmas presents by the guardians.

In view of the large numbers of patients under supervision, duly authorised officers are now responsible for visiting adult males. These number 332. Health visitors assist in the supervision of 232 children and females.

During the year, 129 patients were removed from the list of those under supervision. As well as the normal turnover of numbers due to death or other circumstances, a review was undertaken of all patients in employment and wherever they were deemed capable of living in the community without further supervision their names were removed from the list.

OCCUPATION AND TRAINING.

Greenhill Occupation and Training Centre, Aberaman.

Thirty-one males and twenty-one females are in attendance. Most of them live in the Aberdare area, but a few travel from Abercynon and Pontypridd and two from the Rhondda. Those who are not within walking distance of this Centre are supplied with tokens or season tickets permitting free travel on local buses for the journeys to and from the Centre.

The annual outing was held at Barry Island on the 5th July in excellent weather. The Christmas party took place on the 18th December, and as usual was thoroughly enjoyed by all those who attended. On both occasions a welcome guest and helper was County Alderman Mrs. F. Rose Davies, C.B.E., J.P., whose keen interest in the work of this Centre has never flagged.

Baglan Occupation Centre.

Twenty boys and twenty-two girls attend this Occupation Centre.

The number of defectives attending this well-run Centre continues to increase and the premises, which never were very satisfactory, are quite inadequate for the numbers attending. We are however, grateful to the Church authorities for making available the existing premises, but they are now pressing that the premises be vacated since they are urgently needed for Church activities.

A site at Ynysmaerdy, Briton Ferry, has been secured and at the time of writing plans have been submitted to the Welsh Board of Health.

Children from the Neath and Dulais Valleys are transported by hired bus and the County Ambulance Service provides a vehicle for the conveyance of children from the eastern part of the district served by the Centre. Further enquiries are taking place regarding patients who are unable to attend the Centre due to lack of suitable transport.

The annual outing was held at Porthcawl on the 27th June. A very successful parents' open-day and sale-of-work was held on the 17th December, and the Christmas party on the 18th December.

A most pleasant feature of this Centre is the excellent relationship which has been established between the staff and the parents of the children attending. The parents are keenly interested in the activities of the Centre and appreciate the efforts of Miss Grey, the Supervisor, and her staff in maintaining a high standard of achievement in most difficult circumstances.

The parents' day and children's concert and sale-of-work held on the 17th December was very well attended and gave evidence of the careful training and instruction which the children had received, not only for this special occasion but throughout the year.

Without waiting for the major changes proposed in the report of the Royal Commission there is much that the Local Health Authority can do to develop those community services for which they are already responsible.

General.

All those in attendance at both Centres receive a free mid-day meal and one-third of a pint of milk daily.

Attendance of Glamorgan Patients at other Occupation Centres.

At the end of the year there were twenty-three patients in attendance at the Pengam Road Centre and fifteen at the "Preswylfa" Centre, both establishments being under the control of the Cardiff City Council.

Suitable patients in the Dinas Powis, Penarth, and Barry areas are conveyed to and from the Centres by hired bus.

As it may be some considerable time before the County Council is able to build or acquire suitable premises for an Occupation Centre in the South-Eastern part of the County, the present arrangements with the Cardiff City Council meet a very real need.

Thirteen defectives from Glamorgan attend at the Swansea Occupation Centre.

The total number of Glamorgan mental defectives in attendance at occupation centres is 145. Although this number shows an improvement, yet the overall position is far from being satisfactory since there are very many who could derive considerable benefit from occupational centre training if the facilities were available.

Development Programme.

Work is due to commence on the new Centre at Trealaw before the end of the present financial year and it is anticipated that the Centre will be in use by the end of 1958.

The Committee is fully alive to the need to establish more occupation and training centres and priority is being given to the provision of centres to meet the requirements of areas not adequately catered for, i.e.—

- (a) Caerphilly and Gelligaer,
- (b) Barry,
- (c) Mid-Glamorgan,
- (d) West Glamorgan.

One is inclined to chafe at the slow progress that is being made and to hope that the pressure of public opinion will induce the Ministry to speed up the development of this branch of the service, which can do so much for those who attend the centres and, at the same time, give immeasurable relief and help to their relatives.

PATIENTS ADMITTED TO INSTITUTIONS.

In 1957, thirty-nine defectives were admitted to institutions under Order, eleven were admitted to places of safety, and thirty-four were admitted to institutions for short-term care.

As will be seen from the following table, which gives a comparison of the number of admissions during previous years, the number of admissions fell during the year. No new accommodation was opened except at Oakwood Park, Conway, North Wales. Included in the admissions for 1957 were five patients from Morgannwg Hospital whose medical condition made them more suitable for an institution for mental defectives than as patients in a mental hospital.

	Number of patients admitted during the year to		
	Institutions under Order.	Places of safety.	Institutions for short-term stay.
1949	25	3	—
1950	15	2	—
1951	28	11	—
1952	41	15	2
1953	58	19	2
1954	46	16	12
1955	44	13	12
1956	56	15	21
1957	39	11	34

Of the thirty-nine patients admitted, twenty were males and nineteen were females.

The problem of the young cot case is now very acute. It is hoped that the opening of a new wing at Ely, Cardiff, will relieve this situation in 1958.

The following table gives the reasons for the admission of the eleven patients to places of safety :—

<i>Reason for admission.</i>	<i>No. of patients.</i>
Death of parent or guardian	2
Illness of parent or guardian	1
Parent turned patient out	1
Found wandering	1
Committed by Court	1
Violence towards other members of the family	2
Relatives or guardian no longer able to care for patient	3

Six of the patients were adults, four were adolescent, and one was a child. They were admitted as follows :—

<i>Name of hospital.</i>	<i>No. admitted.</i>
Hensol Castle, near Pontyclun	7
Ely Hospital, Cardiff	2
Oakwood Park, Conway	1

and one admitted to Swansea Prison as a place of safety.

The disposal of the thirty-nine patients admitted to institutions under Order is shown below :—

Name of Institution.	No. of patients admitted.
Hensol Castle, Pontyclun	26
Ely Hospital, Cardiff	3
Llwyn View, Dolgelly	1
Griffithstown, Monmouthshire	1
Mount Pleasant, Swansea	2
Lisieux Hall, Preston, Lancashire	1
Oakwood Park, Conway	5

Short-term Stay.

This procedure, by which short-term care in mental hospitals is arranged for certain patients in emergencies such as illness or death of near relatives or to allow parents to have a much-needed rest from the burden of caring for the patient, is most acceptable to parents and relatives who are grateful for the temporary respite afforded.

The hospital superintendents have been most co-operative in meeting requests, often made in urgent circumstances, and it is a service which could usefully be extended.

During the year short-term care was arranged for seventeen males and eighteen female defectives for the following reasons :—

Mother accompanying daughter to London on business ..	1
Father moving house	1
Confinement of mother	3
Illness of parent or guardian	10
To enable parent or guardian to have a holiday	9
To provide a rest for parent or guardian	11

The Cardiff and East Glamorgan Society for Mentally Handicapped Children ran a short-term stay home at "Preswylfa," Cardiff, during the summer holidays and five children from Glamorgan were accommodated.

Some characteristic examples of short-term stay cases are shown below :—

No. 1. Female patient aged 25, imbecile, spastic, hydrocephalic with occasional epilepsy. Confined to a wheel chair. Her mother committed suicide some years ago, and she is cared for by her father, who bought a bungalow in order that patient would not have to be carried up and down stairs. Short-term stay arranged for two weeks at Hensol Castle while he removed from his old house.

No. 2. Male patient, aged 9, imbecile suffering from mild epilepsy. Highly active and very noisy. His father was committed to prison, and his mother, suffering from severe arthritis, had three other children to care for. Short-term stay arranged for two weeks at Hensol Castle.

No. 3. Two sisters, aged 12 and 14, both imbeciles and practically helpless. (Four children in this family were defectives). Short-term stay arranged for two weeks at Hensol Castle so that the mother and father could enjoy their first holiday for many years.

No. 4. Male, aged 4 years, imbecile and very active. One of eight children all below the age of sixteen, living in three rooms with their parents. The mother was worn out caring for this large family, and endeavouring to cope with this impossible situation. Short-term stay was arranged at Hensol Castle, but due to home circumstances, an Order was obtained detaining him there under the Mental Deficiency Acts, before his period of stay had expired.

No. 5. Male, aged 48 years. An imbecile, suffering from severe epilepsy and completely bedridden. He had been devotedly cared for for thirty years by an elder sister, who became ill and was removed to hospital. He was given a period of short-term stay at Hensol Castle, but due to his sister's continued ill-health he was detained there under Order.

No. 6. Female, aged 2 years. Mongoloid imbecile, completely helpless. There were two other children in the house, and the mother was expecting a baby. Short-term stay was arranged at Hensol Castle during the mother's confinement.

MENTAL DEFECTIVES GAINFULLY EMPLOYED.

The various occupations followed by those defectives in gainful employment are shown in the appended table. Thirty less were employed than in 1956. Most of them in employment are filling jobs as unskilled workers, and the majority are employed in factories, building trades, or in or about mines. The list, of course, includes patients previously licensed from hospitals for the mentally defective who have been discharged and are now under friendly supervision.

It would be a mistake to read too much into the figures given or to assume that they could be maintained at the present level in a period of industrial depression.

MENTAL DEFECTIVES GAINFULLY EMPLOYED.

(Patients in the community on licence from institutions are not included.)

Occupation.	Aged under 21 years.		Aged 21 years and over.		Total.		Occupation.	Aged under 21 years.		Aged 21 years and over.		Total.	
	M.	F.	M.	F.	M.	F.		M.	F.	M.	F.	M.	F.
Blind Institute	1	—	2	—	3	—	Latherer	1	—	—	—	1	—
Bakery	2	1	1	1	3	2	Laundry	—	—	1	—	1	—
Brewery	1	—	—	—	1	—	Metal Work	1	2	—	—	1	2
Brickworks	4	2	1	—	5	2	Messenger/Errand Boy	4	—	2	—	6	—
Buildings	4	—	7	—	11	—	Mining—						
Cinemas	1	1	1	—	2	1	Labourers	27	—	16	—	43	—
Coal Delivery	3	—	3	—	6	—	Trainees	2	—	1	—	3	—
Dairy	1	1	2	—	3	1	Mineral Water ..	2	5	—	1	2	6
Dock Labourers	—	—	1	—	1	—	Newspaper Round ..	—	—	4	—	4	—
Domestic, Hotels/Catering	1	6	5	29	6	35	Painter	1	—	—	—	1	—
Factory	9	20	8	9	17	29	Railways	1	—	4	—	5	—
Farms	4	1	10	1	14	2	Remploy	2	—	4	1	6	1
Flour Mills	5	—	—	—	5	—	Saw Mills	—	—	1	—	1	—
Forestry	1	—	2	—	3	—	Seaman	1	—	—	—	1	—
Furniture Removing ..	—	—	1	—	1	—	Tinplate	4	4	3	3	7	7
Garage, Bus Depots ..	1	—	—	—	1	—	Van Boys	5	—	—	—	5	—
Gardening	—	—	1	—	1	—	Self Employed* ..	1	—	4	—	5	—
Greengocery	1	—	1	—	2	—							
Home Industry	—	—	1	—	1	—							
Iron and Steel	4	—	4	—	8	—	Totals for 1957 ..	101	43	119	45	220	88
Labourers—													
General	5	—	18	—	23	—	Totals for 1956 ..	119	44	149	26	268	70
L.A. and Public Corps. ..	1	—	10	—	11	—							
							Totals for 1955 ..	79	28	116	30	195	58

* Self Employed—Smallholder, Bicycle repairer, Marine Stores, Newsvendor, Firewood Seller.

HOSPITAL ADMISSIONS.

Since the 1st July, 1955, the catchment areas of mental hospitals affecting Glamorgan were rearranged by the Regional Hospital Board as follows :—

<i>Hospital.</i>	<i>Catchment area.</i>
Pen-y-val, Abergavenny ..	Monmouth County (except Caerleon Urban District, Magor, and St. Mellons Rural District), Gelligaer Urban District, and Brynmawr Urban District.
Whitchurch, near Cardiff ..	Cardiff County Borough, Penarth Urban District, and Cardiff Rural District East (comprising Parishes of Lisvane, Llanfedw, Llanederyne, Radyr, Rhyd-y-Gwern, Rudry, St. Fagans, Whitchurch, and Van).
Morgannwg, Bridgend ..	Glamorgan County (except Cardiff Rural District East, Gower Rural District, Llwchwr Urban District, Pontardawe Rural District, Gelligaer Urban District, and Penarth Urban District), and Merthyr County Borough.
Cefn Coed, Swansea ..	Swansea County Borough, Gower Rural District, Llwchwr Urban District, and Pontardawe Rural District.

County patients for admission to Whitchurch Hospital are first sent to St. David's Hospital, Cardiff, for observation, but patients may be admitted to the Neurosis Centre at Whitchurch Hospital without any legal formality.

SUMMARY OF HOSPITAL ADMISSIONS ARRANGED BY DULY AUTHORISED OFFICERS.

Year.	Mental Treatment Act, 1930, Section 1. Voluntary patients.		Mental Treatment Act, 1930, Section 5. Temporary patients.		Lunacy Act, 1890, Sections 14–16. Patients certified as of unsound mind.		Lunacy Act, 1890, Section 20. Patients admitted for observation.		Total admissions arranged.
	M.	F.	M.	F.	M.	F.	M.	F.	
1949	96	121	3	2	93	102	4	7	438
1950	139	176	2	9	90	110	14	10	550
1951	152	173	4	11	81	104	12	19	556
1952	186	233	1	6	71	98	25	34	654
1953	221	265	2	3	90	97	55	38	771
1954	208	260	—	2	91	97	51	56	765
1955	158	222	—	2	82	95	99	82	740
1956	136	187	—	1	72	79	95	119	689
1957	130	180	—	4	47	52	123	143	679

During 1957, the duly authorised officers arranged the admission to hospital of 679 patients, 310 of whom were admitted as voluntary patients under the Mental Treatment Acts.

The fall noted in the total number of admissions annually since the peak year of 1953 continued, but greater use was made of Section 20 of the Lunacy Act, 1890, under which patients are admitted to hospital for observation. The trend previously observed towards a further increase in the number of voluntary patients whose admissions were arranged by the duly authorised officers under the Mental Treatment Act seems to have halted. The reason is not clear. It may be due to voluntary patients making their own arrangements for admission. Bed accommodation in mental hospitals is severely taxed and voluntary patients not requiring urgent attention may have to wait many months for admission, although many in the meantime are supervised at Psychiatric clinics.

SENILE PATIENTS.

The lack of proper hospital provision for senile patients with acute mental symptoms has been mentioned in previous reports. It is by no means a local problem and, unless serious efforts are made to deal with it, it may become more serious as the number of ageing persons in the community increases.

DULY AUTHORISED OFFICERS.

The names of the duly authorised officers and their districts on the 31st December, 1957 are set out below :—

Duly authorised officers.

Districts covered.

Mr. D. Mahoney	..	Cardiff Rural (excluding parishes of Van, Rudry, and Rhydygwern), Penarth Urban, Barry Borough, Cowbridge Borough, Cowbridge Rural, Penybont Rural, Bridgend Urban, and Porthcawl Urban.
Mr. Ivor Evans	..	Neath Borough, Neath Rural, Llchwyr Urban, Pontardawe Rural, Gower Rural, and Port Talbot Borough.
Mr. E. J. Powell	..	Rhondda Borough, Ogmore and Garw Urban, Llantrisant and Llantwit Fardre Rural, Maesteg Urban, and Glyncoirwg Urban.
Mr. S. Williams	..	The parishes of Van, Rudry, and Rhydygwern in Cardiff Rural, Gelligaer Urban, Caerphilly Urban, Aberdare Urban, Mountain Ash Urban, and Pontypridd Urban.

There is excellent liaison between the duly authorised officers and the general practitioner and their friendly relationships with the staff at the mental hospitals in the area have been of benefit to the patients and made smooth the working of a service which could otherwise be difficult or embarrassing.

AFTER-CARE.

Before mental ill-health can be successfully treated the doctor or psychiatrist would wish to know as much as possible about the patient's social background and other facts which may have affected his mental state.

Duly authorised officers, the mental health supervisors, and the health visitors are playing a useful part in providing this information when required and in establishing a good liaison between the private practitioner and the medical officers at the mental hospitals, in the interests of patients referred for after-care.

One hundred and twenty cases were dealt with, compared with ninety-two cases in the previous year. Forty visits were made by duly authorised officers and 555 by mental health supervisors. Regular visits extending over many months are usually found to be necessary. The supervisors' visits show an increase of 191.

Fifty female patients were referred to the department by medical superintendents of mental hospitals for follow-up visits. In addition, a substantial number of female patients are referred by the Consultant Psychiatrists at the East Glamorgan Hospital and, in some instances, by general practitioners and, sometimes, the patients themselves request a visit.

The County Superintendent Health Visitor (Miss E. G. Wright) is present at the child psychiatric clinics held at the East Glamorgan Hospital and the Cardiff Royal Infirmary, and is thus able to maintain a most effective co-operation between the clinic, the mental health section of my department, and the health visiting service.

THE ROYAL COMMISSION.

The report of the Royal Commission on the Law relating to mental illness and mental deficiency was published in May, 1957. Its findings and recommendations have yet to be implemented but are evidence of the enlightened approach to problems which for far too long have failed to secure sympathy. The stigma which attached to mental disease is slowly being removed. If accepted, the recommendations in the report will do much to bring Mental Health Services into line with the general Health Services.

It seems likely that extra responsibility will be placed upon local health authorities. If this means the speedy establishment of more occupation and training centres the Authority's long delayed proposals in this matter may come to fruition. Changes of procedure, new classifications, the abolition of the Board of Control, more community care by local health authorities, less formality and documentation, more hostels and homes for severely subnormal and psychopathic patients, limitation of the use of compulsory powers and a new Act to regulate such use—these are some of the recommendations which are now receiving the consideration of the Ministry of Health, the Association of Local Health Authorities, and other organisations interested in or concerned with the mental health services.

PUBLIC HEALTH.

GLAMORGAN COUNTY PUBLIC HEALTH LABORATORY.

Originally established in 1904 as a joint undertaking with the then Cardiff Corporation, the laboratory, since March, 1954, has functioned as a County Council establishment, under Mr. D. Evans Jones, M.Sc., F.R.I.C., the Public Analyst.

The examination of food and drugs samples forms a large proportion of the work undertaken.

Mr. D. Evans Jones also acts as Public Analyst for the undermentioned authorities :—

County.

Glamorgan County Council.

Outside Authority.

Merthyr Tydfil.

Municipal Boroughs.

Barry.

Neath.

Port Talbot.

Rhondda.

Urban District Councils.

Aberdare.

Pontypridd.

In addition, work is undertaken under the Fertilisers and Feeding Stuffs Act, 1926, for the Glamorgan County Council and Merthyr Tydfil County Borough.

Samples of sewage effluents, trade effluents, and river waters are also chemically examined on behalf of the Glamorgan River Board.

Phosphatase tests on milk samples are undertaken on behalf of the Medical Research Council.

Mr. A. R. Phillips, B.Sc., F.R.I.C.(E.), was appointed Deputy Public Analyst and commenced his duties on the 1st April, 1957.

The following table gives an account of the chemical examinations undertaken at the County Laboratory during the year :—

Description of Samples.	County Council.	County Districts.	Other Authorities.	Total.
Food and Drugs Acts samples ..	4,137	1,670	356	6,163
Fertilisers and feeding stuffs	112	—	29	141
Water	18	1,116	148	1,282
River water	—	6	403	409
Sewage and sewage effluents	—	22	740	762
Trade effluents	—	3	300	303
Pasteurised milk	—	—	3,155	3,155
Sterilised milk	—	—	78	78
Ice cream	—	459	6	465
Atmospheric pollution	—	433	42	475
Miscellaneous	37	10	1	48
Totals	4,304	3,719	5,258	13,281

The chief groups of chemical examinations are classified in the following table, which gives a comparison with the records of the previous year :—

Nature of examination.	1956.	1957.	Increase.	Decrease.
Food and Drugs	6,586	6,163	—	423
Fertiliser and feeding stuffs	131	141	10	—
Water	1,460	1,282	—	178
River water	482	409	—	73
Sewages and effluents	993	1,065	72	—
Pasteurised and Sterilised milk ..	3,874	3,233	—	641
Ice-cream	472	465	—	7
Atmospheric pollution	324	475	151	—
Miscellaneous	45	48	3	—
Total	14,367	13,281	236	1,322

FOOD AND DRUGS ACT, 1955.

The County Council is the Authority under the Food and Drugs Act for the whole of the Administrative area, with the exception of the Municipal Boroughs of Neath, Port Talbot, Barry, and Rhondda, and the Urban Districts of Aberdare and Pontypridd.

During the year 1957, from all sources, a total of 6,163 samples were submitted to the County Laboratory for examination under the Food and Drugs Act, 1955.

Of these samples 143 (or 2·3 per cent) were reported upon as adulterated or otherwise unsatisfactory.

Of the 2,026 samples submitted by the Local Authorities of Aberdare, Pontypridd, Rhondda, Port Talbot, Neath, Barry, and Merthyr Tydfil, 22 (or 1·1 per cent) were reported upon as adulterated or otherwise unsatisfactory.

Separate detailed reports upon samples collected under the Food and Drugs Act, 1955, are made to the Glamorgan County Council and to the respective local authorities.

The watch on the quality and composition of food supplies was continued during the year by the sampling officers under the Food and Drugs Act and the County Analyst.

During the year legal proceedings in respect of unsatisfactory or adulterated food stuffs were undertaken in fourteen cases, fines totalling £139 12s. 0d., plus £10 10s. 0d. advocate's fee, £8 5s. 0d. analyst's fee, £2 18s. 2d. witness' fee being imposed on the vendors.

Action is also taken on other unsatisfactory samples which are necessarily taken informally, such as cake and sponge mixtures and vitamin preparations, fifty-four such samples being dealt with during the year.

The local sanitary authority in each case was asked to arrange for the confiscation of all remaining stocks held by the retailers, and steps were taken to inform manufacturers of any unsatisfactory products so that every effort may be made on their part to avoid further cause for complaint.

County Public Health Inspectors.

Two County Public Health inspectors are engaged by the Authority as follows :—

Senior County Public Health Inspector	..	Mr. W. D. Lewis.
County Public Health Inspector	.. ..	Mr. H. P. Evans.

The following report on the year's work has been contributed by Mr. W. D. Lewis :—

"Food and Drugs.

A total of 4,137 samples of food and drugs were procured during the year and submitted to the Public Analyst for analysis. Of this total 3,952 (or 95·53 per cent) were reported as being satisfactory in all respects. The total number found to be incorrect was 185, of which 131 were in connection with milk and the remaining fifty-four various foods.

Milk.

The sale of adulterated milk by retail to the housewife has to all intents and purposes ceased. All such milk is now sold in bottles and, with the exception of a few Tuberculin Tested producer-retailers, it is either pasteurised or sterilised. Raw milk from the farms is delivered to the pasteurising depots in the area and in the pasteurising process it is bulked and thus ensures a final product which complies with the presumptive standard for milk, i.e., 3·00 per cent milk fat and 8·5 per cent non-fatty solids. Of the 131 samples which were adversely reported upon by the Public Analyst all but one were samples of raw milk received at the milk depots. In the majority of these cases there was no adulteration, there being slight deficiencies in milk fat or non-fatty solids, which is not an offence, providing the milk is genuine milk as given by the cow.

As a result of following up and "appeal to cow" samples there were two convictions, one for selling milk containing added water, and one for selling milk deficient in milk fat. One sample of milk being consigned as Channel Island milk was found to be below the minimum legal standard for such milk—4·00 per cent milk fat—and the Milk Marketing Board were informed, with the result that the permit to use the designation "Channel Island" was withdrawn.

Milk (Special Designations) (Pasteurised and Sterilised Milk) Regulations, 1949.

Legal proceedings were taken against one milk vendor for three offences under these Regulations. The offences involved the transport of designated milk in unsealed churns and he was convicted on the three charges and fined a total of £41 12. 0d.

Milk (Special Designations) (Specified Area) Orders.

One producer-retailer was summoned for selling undesignated milk in a specified area and was fined £5.

Milk (Special Designations) Order.

Being a specified area the use of a Special Designation is compulsory for all sales of milk by retail within the County. The Minister of Agriculture, Fisheries and Food can, however, in special circumstances, grant permission for the sale of non-designated milk and this has been done in one instance within the area, where a small group of isolated houses could not be supplied with designated milk.

There are seven pasteurising establishments within the Authority's area (one less than last year). Of these, two are fairly large wholesale processing plants whilst the remaining five are small processors who pasteurise mainly for their own retail sales. The plants are well maintained and regular visits are made.

During the year 756 samples of pasteurised milk were taken from these premises and tested for keeping quality and the efficiency of the pasteurisation. Three samples (approximately 0·4 per cent) failed the keeping quality test and four samples (approximately 0·5 per cent) failed the Phosphatase test for pasteurisation. These figures, showing that over 99 per cent of pasteurised milk is satisfactory in all respects, reflect credit on the care shown by operatives at these plants.

Other Foods.

2,186 samples of various foods and drugs, including ice-cream, were procured for analysis. Two ice-cream vendors were fined for selling ice-cream deficient in fat and there were two convictions for other foods—orange squash containing excess sulphur dioxide, and soda water deficient in sodium carbonate. Letters of warning regarding infringements were sent by the Clerk to the County Council to manufacturers of sweets and corned beef.

A number of complaints of foreign bodies in foods were investigated and legal proceedings were taken in seven cases, resulting in six convictions. Letters of caution were sent in other cases. The foreign bodies included mouse droppings in bread, bandage in bread, grease in bread, nail in flour, and cardboard in milk.

Labelling of Foods Order, 1953-55.

This Order relates mainly to prepacked foods and requires the name and address of the packer or labeller, the description of the food, together with the ingredients, to be printed on the label. One infringement was reported to the Clerk to the Council by whom a letter was sent to the Ministry of Agriculture, Fisheries and Food.

Pharmacy and Poisons.

There were 731 premises on the Register on the 31st December, 1957. Seven hundred and fifteen visits were made to listed sellers' premises during the year.

Fertilisers and Feeding Stuffs.

One hundred and twelve samples of fertilisers and feeding stuffs were submitted to the Analyst during the year. Six of these were reported as incorrect, but not to the prejudice of the purchaser and, therefore, no further action was taken. Three samples were reported as being to the prejudice of the purchaser and letters of warning were sent to the manufacturers."

HOUSING.

I am indebted to the County District Surveyors and Engineers for the following table showing the housing construction figures for the respective districts in 1957. For purposes of comparison the totals for 1956 have been inserted to show the increase in house building.

District.	By Local Authority.				By private enterprise, Building Societies etc.		
	Number of Permanent and Temporary Houses.				Number of houses completed and occupied during the year 1957.	Number partly completed during the year 1957.	Number for which plans were passed but not commenced during the year 1957.
	Completed and occupied during the year 1957.	Partly completed during the year 1957.	Sanctioned but not commenced.	Total completed and occupied since 1918.			
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Aberdare	9	—	180	1,892	6	6	27
Barry Borough	97	48	—	2,938	85	29	36
Bridgend	135	106	—	1,382	60	17	9
Caerphilly	—	—	—	2,349	63	23	76
Cowbridge Borough ..	—	—	—	48	—	—	1
Gelligaer	97	—	86	1,337	4	2	4
Glyncorrwg	60	16	—	819	—	—	—
Llŵchwr	84	80	4	1,542	62	42	21
Maesteg	83	5	—	842	1	1	—
Mountain Ash	—	—	—	931	1	3	—
Neath Borough	158	276	114	2,028	22	10	5
Ogmore and Garw ..	—	—	—	1,130	1	1	1
Penarth	84	62	2	1,047	59	41	8
Pontypridd	60	10	100	1,503	21	8	34
Porthcawl	—	—	—	324	80	45	13
Port Talbot Borough ..	454	156	100	5,486	46	30	65
Rhondda Borough ..	148	151	14	1,810	11	10	8
Cardiff Rural	84	190	18	1,937	591	396	313
Cowbridge Rural	36	14	—	1,456	14	20	10
Gower	24	—	—	431	34	31	26
Llantrisant and Llantwit Fardre	46	94	34	2,232	53	49	16
Neath Rural	153	140	—	2,841	29	5	37
Penybont	233	329	56	3,502	170	105	423
Pontardawe	56	78	—	2,090	11	21	6
Totals 1957	2,101	1,755	708	41,897	1,424	895	1,139
Totals 1956	2,076	2,095	374	38,236	1,143	934	754

RURAL WATER SUPPLIES AND SEWERAGE ACTS, 1944-45.

The undermentioned schemes have received the support of the Authority as being necessary Public Health measures and under these Acts financial assistance has been given to local sanitary authorities as follows :—

Cardiff Rural District Council.

St. Fagans Sewerage £110 half yearly for 30 years.

Penybont Rural District Council.

Coytrahen Sewerage £117 half yearly for 30 years.

(Revised figure in view of change in rateable value).

Gower Rural District Council.

Comprehensive Water Supply Scheme .. £69 half yearly for 30 years.

FOOD POISONING.

There were no major outbreaks of food poisoning during the year.

STATISTICAL REVIEW, 1957.

The following table gives the birth rate, death rate, and infant mortality rate for England and Wales and the Administrative County of Glamorgan for the year 1957, and for the purpose of comparison quotes similar statistics for the years 1956 and 1937 :—

				Crude Birth Rate. (per 1,000 population)			Crude Death Rate. (per 1,000 population)			Infant Mortality Rate. (per 1,000 live births)		
				1957.	1956.	1937.	1957.	1956.	1937.	1957.	1956.	1937.
England and Wales	..	..	..	16.10	15.70	14.9	11.50	11.70	12.4	23	24	58
Administrative County of Glamorgan	..			16.31	15.76	15.3	12.27	12.27	12.9	31	30	65
Total Urban Districts	..	..	..	16.48	16.04	15.6	12.29	12.22	13.2	33	30	66
Total Rural Districts	..	..	..	15.87	15.01	14.6	12.20	12.38	12.0	28	31	63
Health Division.	Constituent Districts.											
Aberdare and Mountain Ash	Aberdare Urban	..		15.24	13.99	13.9	14.49	15.46	14.8	38	28	73
	Mountain Ash Urban	..		17.00	15.06	16.3	13.44	12.72	14.4	44	26	85
Caerphilly and Gelligaer	Caerphilly Urban	..		17.84	20.59	19.0	9.43	10.97	13.7	32	27	69
	Gelligaer Urban	..		18.39	17.79	18.2	11.17	11.65	11.4	33	48	38
Mid-Glamorgan	Bridgend Urban	..		18.77	18.00	15.4	11.68	10.62	13.2	47	34	69
	Maesteg Urban	..		16.12	16.46	17.3	11.97	10.24	12.5	30	24	64
	Ogmore & Garw Urban	..		15.28	16.19	15.2	11.54	12.28	12.8	30	33	95
	Porthcawl Urban	..		12.61	13.43	11.1	13.58	14.03	11.1	46	37	40
	Penybont Rural	..		16.71	15.17	15.7	14.69	14.15	12.5	32	43	64
Neath and District	Neath Borough	..		13.96	14.62	14.8	12.16	11.52	12.7	30	26	57
	Neath Rural	..		14.67	14.24	16.0	10.30	11.37	11.3	25	29	64
Pontypridd and Llantrisant	Llantrisant & Llantwit Fardre Rural	..		18.11	16.58	17.1	10.16	10.54	12.9	30	33	69
	Pontypridd Urban	..		15.56	14.24	16.3	14.02	12.36	14.6	29	19	69
Port Talbot and Glyncoirwg	Glyncoirwg Urban	..		21.74	22.36	20.2	10.97	11.08	11.0	28	37	66
	Port Talbot Borough	..		18.82	18.74	17.3	10.57	10.52	12.1	39	28	54
South-East Glamorgan	Barry Borough	..		18.21	17.44	13.8	11.04	10.69	13.3	37	31	59
	Cardiff Rural	..		15.14	15.05	11.2	14.32	13.55	10.8	24	28	57
	Cowbridge Borough	..		10.89	12.61	13.0	10.89	18.45	19.0	—	—	77
	Cowbridge Rural	..		18.64	16.06	15.3	7.66	7.33	11.7	22	23	63
	Penarth Urban	..		16.72	15.91	12.2	12.08	12.66	12.7	34	23	80
West Glamorgan	Gower Rural	..		16.53	15.56	13.5	13.34	12.36	11.6	41	32	50
	Llchwyr Urban	..		13.46	13.55	14.5	11.18	12.03	11.6	17	34	69
	Pontardawe Rural	..		13.64	13.70	13.4	13.27	14.88	12.9	28	27	65
Rhondda	Rhondda Borough	..		15.66	14.19	14.5	13.84	13.46	13.7	27	30	67

"CRUDE" AND "ADJUSTED" RATES.

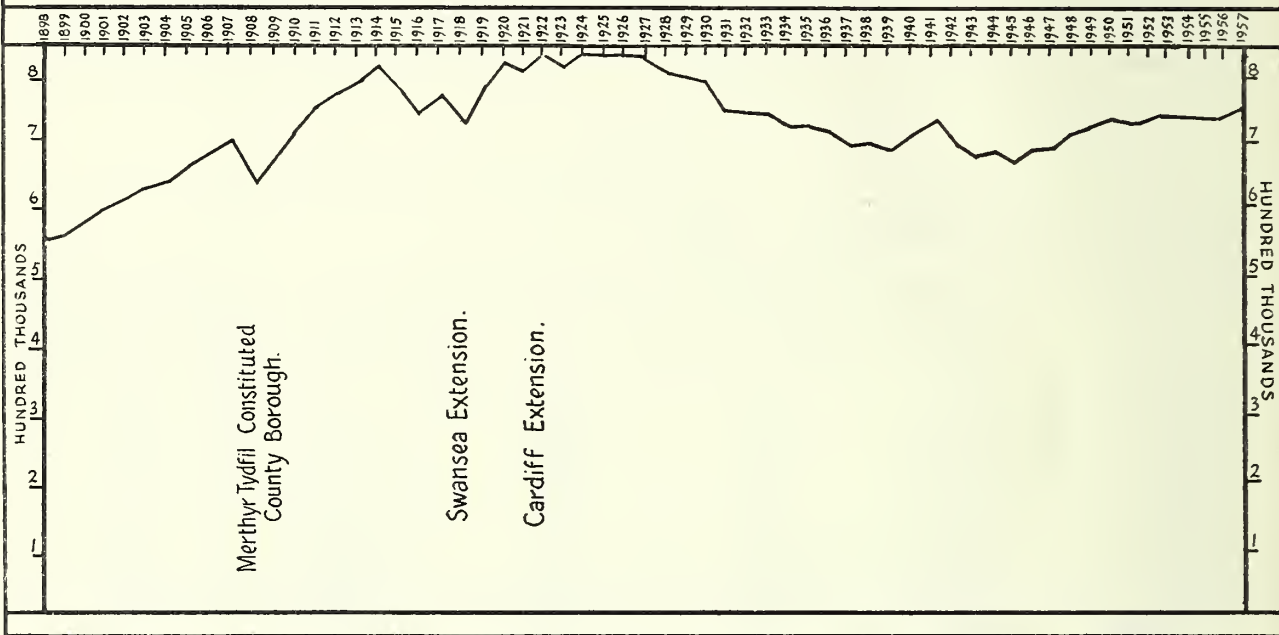
The table of vital statistics on page 92 shows "adjusted" as well as "crude" birth and mortality rates. Rates of birth and mortality can be considerably affected by the age, and to a slighter extent, by the sex constitution of the populations concerned. The crude rates are, therefore, unsatisfactory as a measure for comparison of birth and death rates. Some form of standardisation is, therefore, desirable to make allowance for the age and sex composition of the population.

POPULATION.

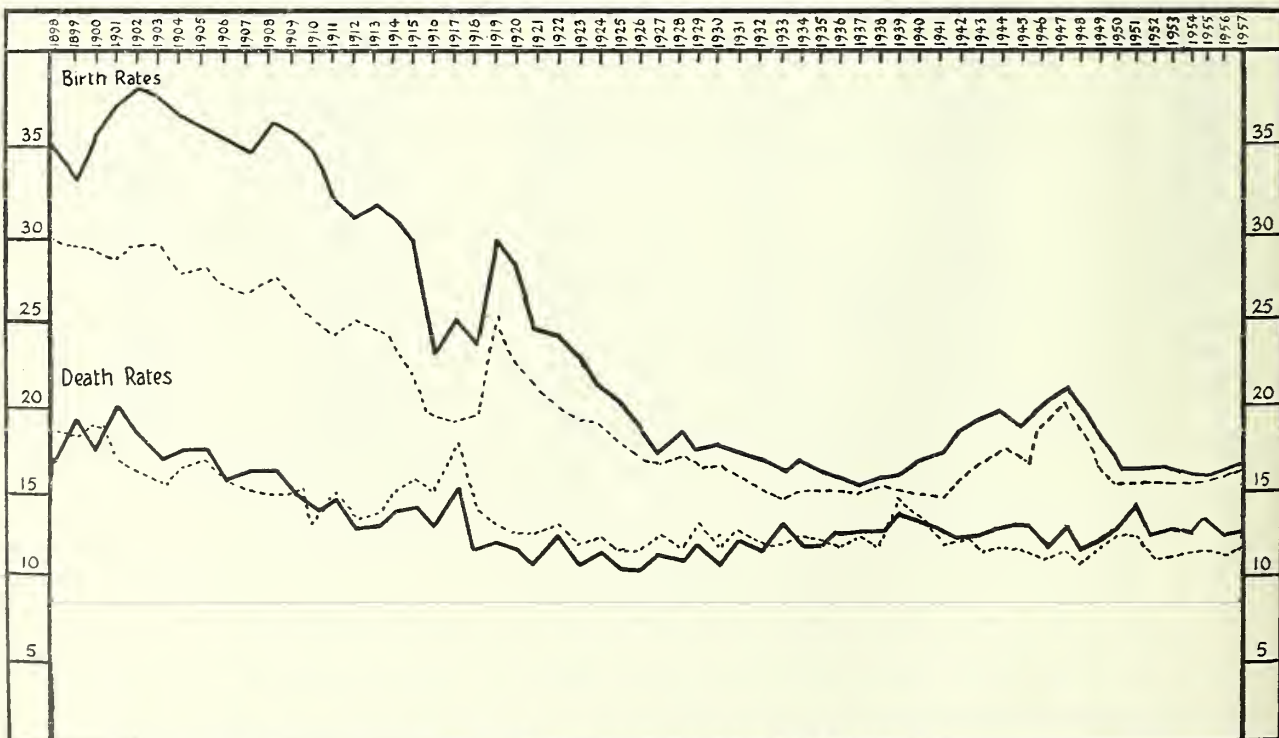
The estimates of the Registrar-General gives the population of the Administrative County as 740,600, an increase of 2,600 on the 1956 estimate of 738,000.

Year	Population	Excess of Births over Deaths	Year	Population	Excess of Births over Deaths
1893	521,872	10,012	1934	751,650	3,579
1903	631,398	13,137	1935	743,800	3,015
1913	791,208	14,363	1936	731,350	2,358
1914	802,752	14,047	1937	714,200	1,714
1915	777,430	12,266	1938	708,500	1,982
1916	752,619	11,485	1939	709,500	1,746
1917	766,990	10,236	1940	716,400	2,077
1918 ^{*Swansea Extension}	740,254	8,866	1941	740,310	2,595
1919	795,924	9,828	1942	714,400	4,422
1920	827,639	14,128	1943	697,300	4,125
1921	814,717 (Census)	14,015	1944	704,540	5,043
1922 ^{*Cardiff Extension}	838,064	10,006	1945	697,780	3,621
1923	827,900	10,656	1946	710,160	5,208
1924	839,500	10,294	1947	712,070	5,491
1925	843,400	8,898	1948	725,200	5,316
1926	843,100	8,213	1949	730,400	3,619
1927	837,000	5,366	1950	737,890	2,483
1928	812,200	5,748	1951	732,100 (Census)	1,855
1929	809,200	4,582	1952	732,500	2,366
1930	809,200 ^{Mid-year, 1929}	4,921	1953	736,300	3,224
1931	766,141 (Census)	3,670	1954	737,800	2,483
1932	763,000	3,482	1955	737,400	1,484
1933	758,160	2,504	1956	738,000	2,576
			1957	740,600	2,996

ADMINISTRATIVE COUNTY OF GLAMORGAN POPULATION



BIRTH AND DEATH RATES



The following miscellaneous statistical tables are inserted for purposes of comparison :—

BIRTHS.

	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957
Administrative County ..	18.2	18.4	19.4	18.1	19.4	20.8	18.9	17.1	16.2	16.3	16.2	16.2	15.6	15.1	15.8	16.3
England and Wales ..	15.8	16.5	17.6	16.1	19.1	20.5	17.9	16.7	15.8	15.5	15.3	15.5	15.2	15.0	15.7	16.1
Illegitimate birth-rate per 1,000 births—																
Administrative County ..	34	44	49	67	43	34	34	31	35	32	30	31	28	28	28	28
England and Wales ..	54	63	72	92	65	52	53	50	49	47	46	46	46	46	46	46

DEATH RATE.

	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957
Administrative County ..	12.1	12.4	12.3	12.9	12.1	13.1	11.6	12.2	12.8	13.8	11.6	11.8	12.3	13.1	12.3	12.3
England and Wales ..	11.6	12.1	11.6	11.4	11.5	12.0	10.8	11.7	11.6	12.5	11.3	11.4	11.3	11.7	11.7	11.5

INFANT MORTALITY.

Year.	Deaths under one year per 1,000 Births.		Year.	Deaths under one year per 1,000 Births.	
	Glamorgan	England and Wales.		Glamorgan.	England and Wales.
1914.	112	105	1938.	60	53
1917.	94	96	1939.	60	50
1918.	95	97	1940.	65	55
1920.	90	80	1941.	67	59
1921.	93	83	1942.	55	49
1922.	90	77	1943.	56	49
1923.	75	69	1944.	48	46
1924.	77	75	1945.	58	46
1925.	83	75	1946.	45	43
1926.	76	70	1947.	51	41
1927.	86	69	1948.	41	34
1928.	75	65	1949.	40	32
1929.	80	74	1950.	39	30
1930.	69	60	1951.	37	30
1931.	77	66	1952.	34	28
1932.	72	65	1953.	31	27
1933.	79	64	1954.	32	26
1934.	65	59	1955.	34	25
1935.	64	57	1956.	30	24
1936.	63	59	1957.	31	23
1937.	65	58			

The graph on page 81 illustrates the remarkable fall in the infant mortality rate during the present century. The decline in the rate during recent years has, however, not been so rapid. It is with regret that I cannot report a further fall in the Glamorgan rate this year.

However, as the rate becomes lower, minor fluctuations can be expected from year to year but the general trend has shown an improvement. It will be noted that the infant mortality rate for Glamorgan has always been higher than in the whole of England and Wales. When the detailed figures for the various districts in Glamorgan are examined, variations will be seen. This again is to be expected, particularly as the number of deaths of infants falls.

One of the disappointing figures in 1957 is the increased rate in the Aberdare and Mountain Ash Division. Dr. Llewellyn Williams, the Divisional Medical Officer, has examined the deaths in detail and one of the interesting observations is the large proportion of the deaths which occurred during the first week of life.

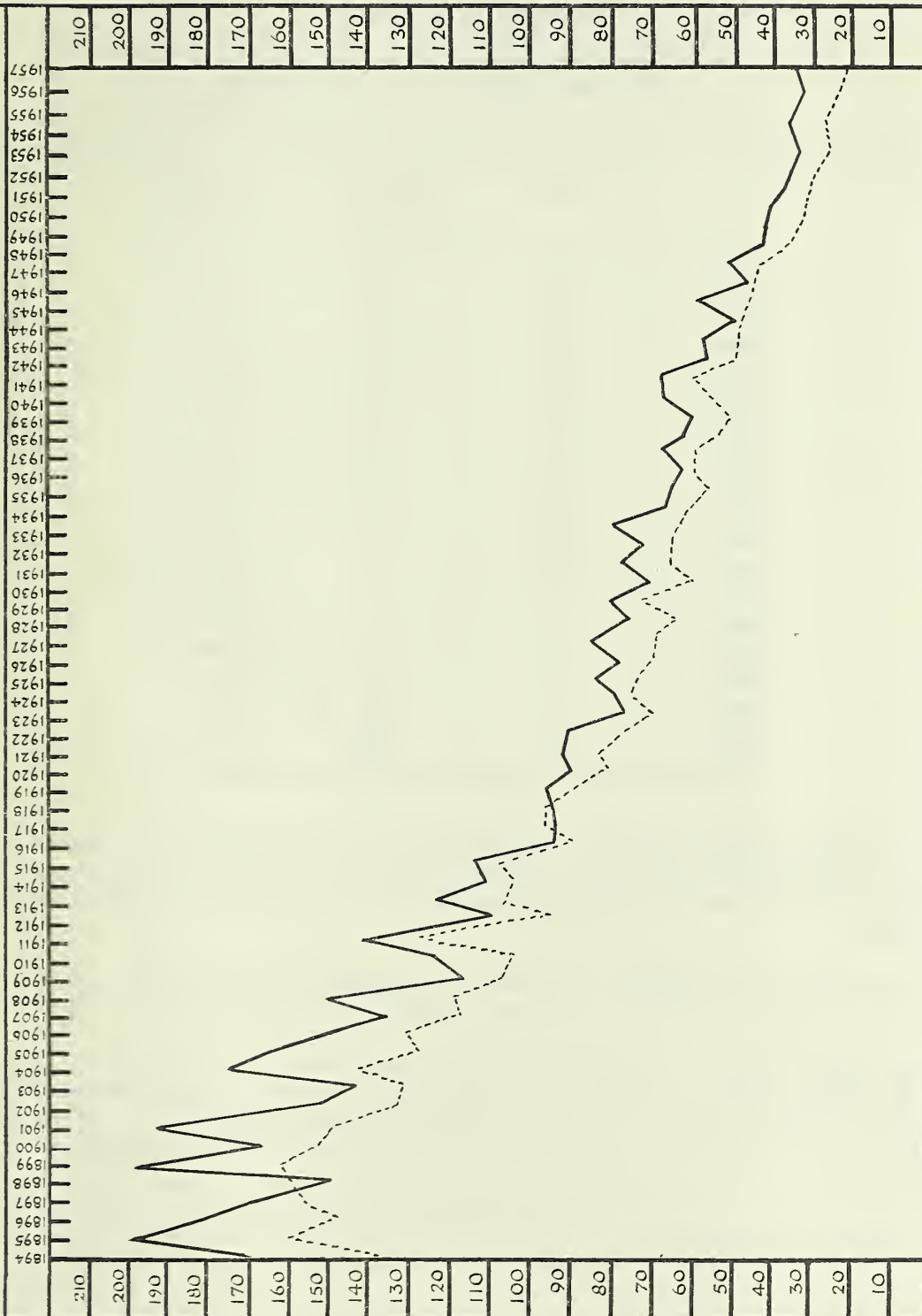
In discussing infant mortality it is customary to divide the deaths in the first year of life into those occurring in the first four weeks of life (neo-natal deaths) and those occurring after the first four weeks. Broadly speaking, the neo-natal deaths are associated with the conditions of the pregnancy and the confinement of the mother, whereas the later deaths are related to environmental conditions.

During recent years the neo-natal deaths have been approximately two-thirds of all infant deaths. The reduction in the neo-natal death rate has been slower than the overall reduction of the infant death rate. Further improvement in the infant mortality rate will, therefore, depend on the extent to which neo-natal deaths can be eliminated. This would indicate a critical review of the existing maternity services.

The neo-natal death rate during recent years is shown in the following table :—

NEO-NATAL DEATH RATES.

	Rate per 1,000 live births.	
	Glamorgan.	England and Wales.
1950	23·9	18·5
1951	22·9	18·8
1952	20·9	18·9
1953	19·3	17·7
1954	21·5	17·7
1955	22·7	17·3
1956	20·3	16·9
1957	21·8	16·5

ADMINISTRATIVE COUNTY OF GLAMORGAN
• INFANT MORTALITY •

Total Infant Mortality Rate Per 1,000 Live Births - Administrative County.

MATERNAL MORTALITY.

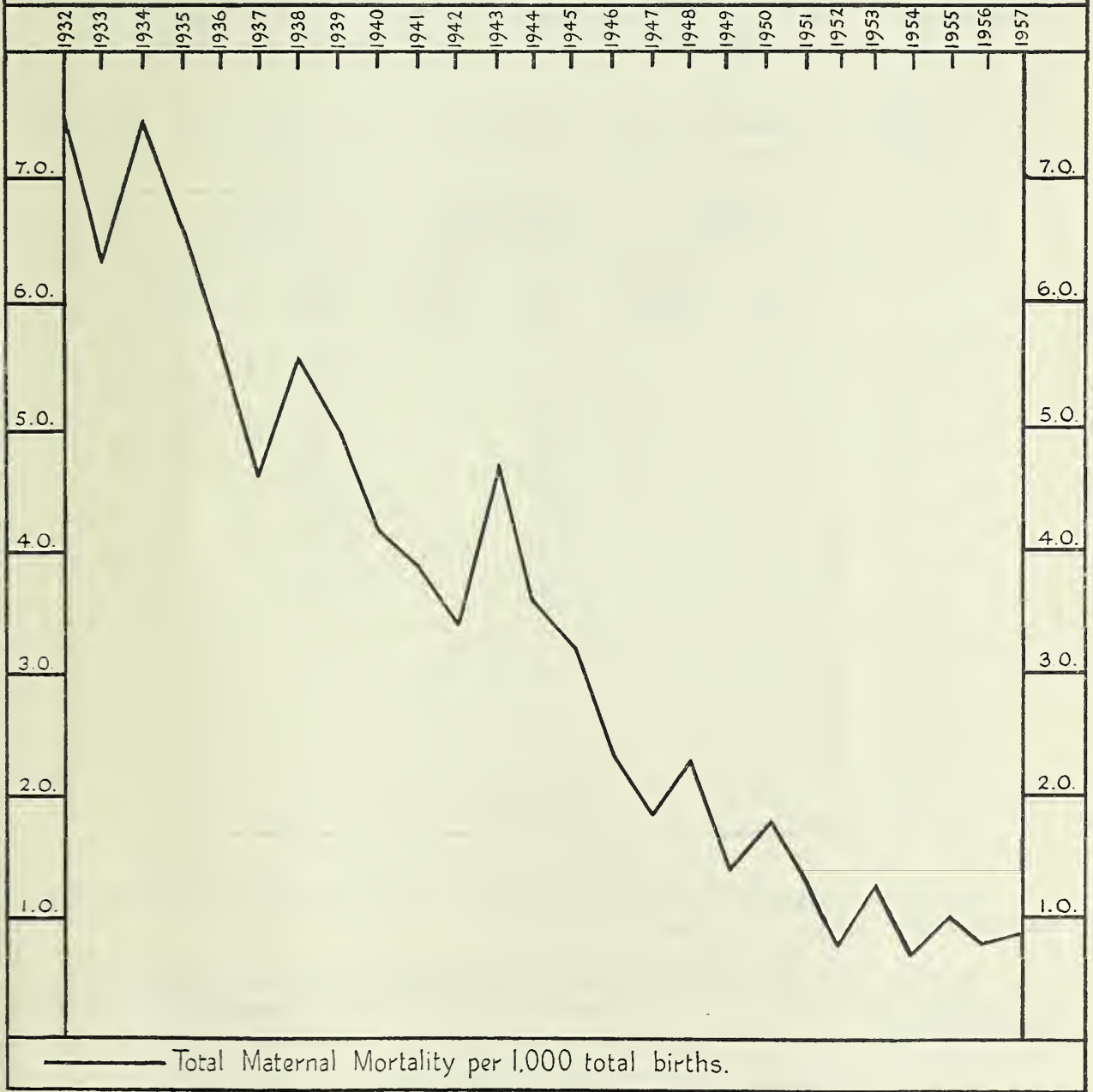
	Glamorgan.		England and Wales.
	Deaths.	Death rate per 1,000 total births.	Death rate per 1,000 total births.
1939 ..	58	4.96	2.93
1940 ..	51	4.15	2.16
1941 ..	50	3.87	2.23
1942 ..	46	3.39	2.01
1943 ..	62	4.67	2.29
1944 ..	51	3.59	1.93
1945 ..	42	3.21	1.79
1946 ..	33	2.31	1.43
1947 ..	28	1.84	1.17
1948 ..	30	2.27	1.02
1949 ..	18	1.40	0.98
1950 ..	22	1.80	0.86
1951 ..	16	1.30	0.79
1952 ..	9	0.74	0.72
1953 ..	15	1.23	0.76
1954 ..	7	0.59	0.69
1955 ..	11	0.96	0.64
1956 ..	8	0.67	0.56
1957 ..	9	0.73	0.47

The number of maternal deaths was 9, an increase of one over last year's figure. A glance at the above table shows the marked fall since 1939, when 58 deaths were recorded. The maternal death rate for England and Wales during this period has, with the exception of the rate in 1954, always been less than the rate for the County.

Of the nine deaths recorded as being due to child-bearing, two were due to pulmonary embolism, two to conditions following abortion, and two to toxæmia and associated conditions.

Although the figures are not strictly comparable it is interesting to note that in the County Medical Officer's report for 1907, a total of 152 deaths were recorded as being due to puerperal fever (46) and diseases and accidents of parturition (106). The irreducible minimum number of deaths due to child bearing has not yet been reached but excellent progress in the prevention of maternal mortality has been made in the last fifty years.

ADMINISTRATIVE COUNTY OF GLAMORGAN MATERNAL MORTALITY



SPECIAL INQUIRY—LEUKAEMIA SURVEY.

Certain medical officers of the Department are taking part in a survey, sponsored by the Medical Research Council, into leukaemia in adults between the ages of 20 and 75. This work involves a good deal of interviewing of controls and others, as well as co-operation with hospital medical staffs and general practitioners.

INFECTIOUS DISEASES.

The following table shows the number of deaths from diphtheria, whooping cough, and measles since the beginning of the present century :—

	Diphtheria.		Whooping Cough.		Measles.	
	Glam. deaths.	Rates per 100,000 population.	Glam. deaths.	Rates per 100,000 population.	Glam. deaths.	Rates per 100,000 population.
1900	484	76	232	36	525	83
1910	88	12	185	26	308	43
1920	167	20	105	13	330	39
1930	108	13	58	7	72	9
1940	98	14	13	2	18	3
1950	—	—	8	1·1	5	0·7
1951	—	—	15	2	9	0·8
1952	—	—	3	0·4	3	0·4
1953	—	—	2	0·3	2	0·3
1954	—	—	4	0·5	—	—
1955	—	—	—	—	7	0·9
1956	—	—	2	0·3	—	—
1957	—	—	4	0·5	2	0·3

There were no notifications or deaths from diphtheria or smallpox, but there were four deaths from whooping cough, 1,797 cases being notified.

Fifty-five cases of poliomyelitis were notified (forty-three paralytic and twelve non-paralytic). Of this total forty-three were of school or pre-school age, thirty-three of which were paralytic and ten were non-paralytic cases.

During the year there were no major epidemics of infectious diseases, other than measles.

In view of the public interest in the recently introduced scheme of poliomyelitis vaccination, the numbers of poliomyelitis cases in recent years in Glamorgan are quoted below :—

	1946.	1947.	1948.	1949.	1950.	1951.	1952.	1953.	1954.	1955.	1956.	1957.
Paralytic ..	*	*	*	*	79	8	29	36	6	39	12	43
Non-paralytic	*	*	*	*	26	16	10	24	2	30	14	12
Total..	4	87	30	54	105	24	39	60	8	69	26	55

* The number of paralytic and non-paralytic cases are not available for these years.

CANCER.

The following tables show the number of deaths in the Administrative County :—

TABLE I.

Year.	Deaths in Glamorgan.			Crude death rate per 100,000 population.	
	Male.	Female.	Total.	Glamorgan.	England and Wales.
1900	—	—	278	44	83
1910	—	—	435	61	97
1920	279	310	589	71	110
1930	396	444	840	104	145
1940	517	476	993	139	172
1941	511	489	1,000	135	178
1942	545	535	1,080	151	183
1943	569	511	1,080	155	190
1944	583	521	1,104	156	190
1945	626	583	1,209	173	193
1946	653	541	1,194	168	185
1947	605	534	1,139	160	185
1948	660	566	1,226	169	186
1949	687	567	1,254	172	187
1950	744	574	1,318	179	210
1951	787	636	1,423	194	196
1952	725	605	1,330	182	199
1953	753	620	1,373	186	199
1954	759	659	1,418	192	204
1955	785	672	1,457	198	206
1956	741	637	1,378	187	208
1957	768	651	1,419	192	209

TABLE II—DEATHS DUE TO MALIGNANT NEOPLASMS.

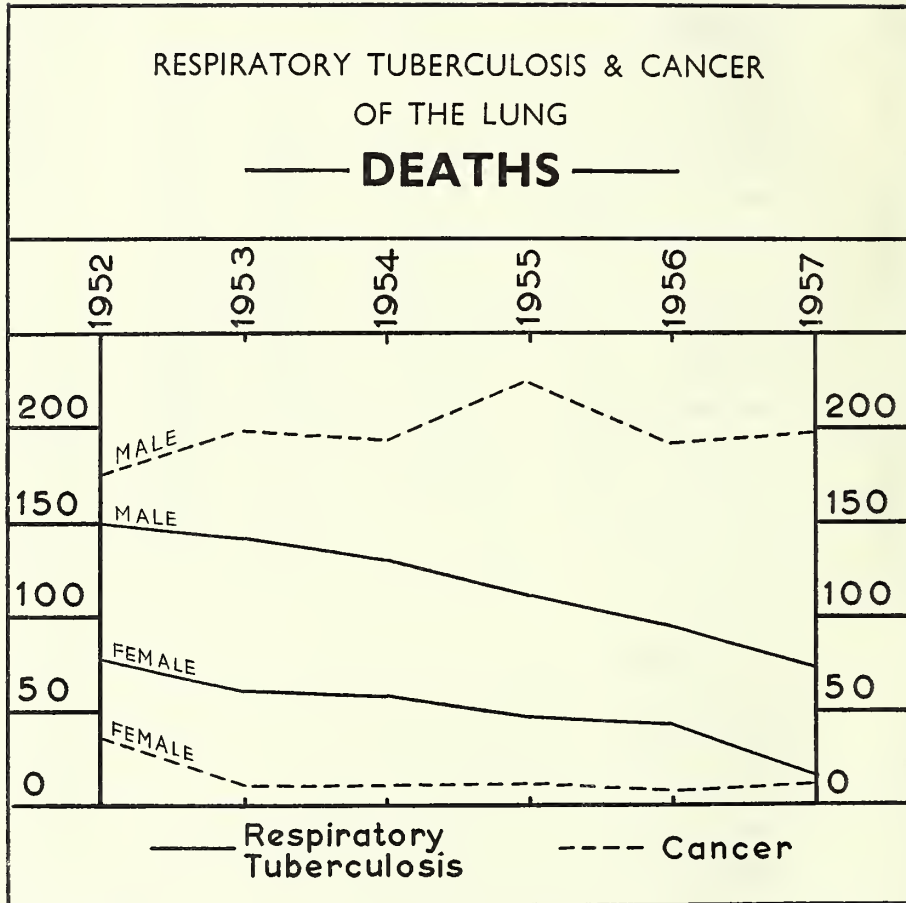
Site.	Year.										
	1947.	1948.	1949.	1950.	1951.	1952.	1953.	1954.	1955.	1956.	1957.
Stomach ..	284	275	305	291	335	300	277	294	324	299	258
Breast	107	97	91	100	109	111	117	111	105	138	114
Uterus	54	62	79	67	75	52	66	77	72	57	74
Lung	694	792	779	141	168	200	205	207	241	201	220
Other				719	736	667	708	729	715	683	753
Total cancer deaths	1,139	1,226	1,254	1,318	1,423	1,330	1,373	1,418	1,457	1,378	1,419

TABLE III.
DEATHS FROM LUNG CANCER AND RATE PER 100,000 POPULATION.

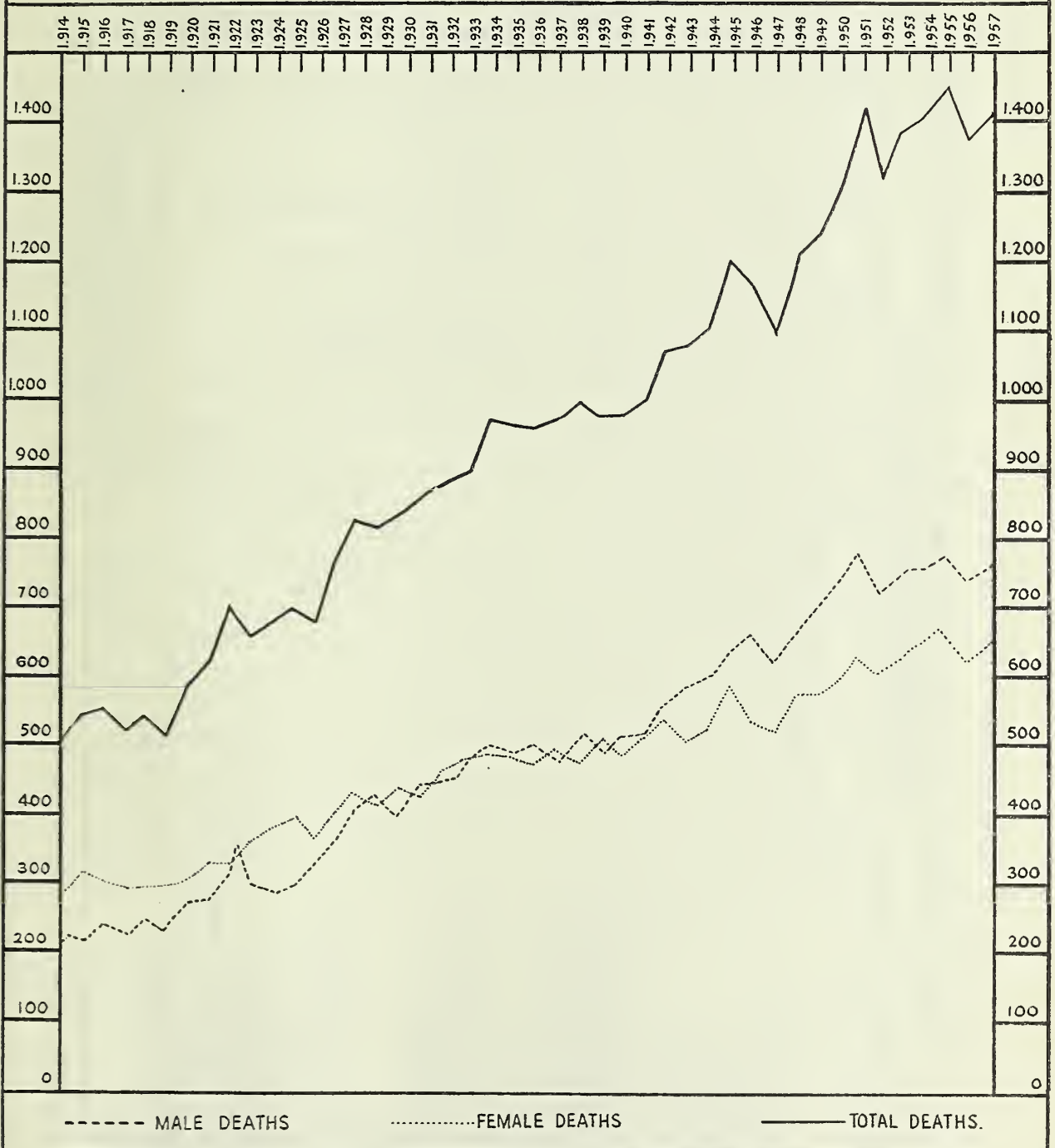
Health Division.	Constituent Districts.	1954		1955		1956		1957	
		No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.
Aberdare and Mountain Ash	Aberdare Urban	11	27	13	32	6	15	10	25
	Mountain Ash Urban ..	3	10	12	39	10	33	8	26
Caerphilly and Gelligaer ..	Caerphilly Urban	7	19	3	8	9	24	9	24
	Gelligaer Urban	3	8	10	28	11	30	7	19
Mid-Glamorgan	Bridgend Urban	3	21	6	42	7	48	2	14
	Maesteg Urban	12	52	2	9	5	22	5	22
	Ogmore and Garw Urban..	4	18	5	22	8	36	6	27
	Porthcawl Urban	5	51	3	30	3	30	4	39
	Penybont Rural	8	23	11	31	1	3	7	20
Neath and District	Neath M.B.	13	41	13	41	13	42	10	32
	Neath Rural	5	12	10	24	9	22	9	22
Pontypridd and Llantrisant	Llantrisant Rural	6	23	6	23	5	19	8	31
	Pontypridd Urban	20	52	7	18	9	24	13	35
Port Talbot and Glyncoirwg	Glyncoirwg Urban	—	—	5	52	2	21	1	10
	Port Talbot M.B.	9	20	19	41	14	30	12	25
South-East Glamorgan ..	Barry M.B.	11	27	15	36	12	29	13	31
	Cardiff Rural	34	91	27	72	20	53	29	74
	Cowbridge M.B.	1	97	1	97	—	—	—	—
	Cowbridge Rural	2	10	4	21	4	21	8	41
	Penarth Urban	9	48	6	32	5	26	7	36
West Glamorgan	Gower Rural	3	26	—	—	2	17	6	50
	Llwchwr Urban	9	35	7	27	3	12	10	39
	Pontardawe Rural	5	16	17	53	16	50	9	28
Rhondda	Rhondda M.B.	24	22	39	36	27	25	27	25
	Totals, Glamorgan ..	207	28	241	33	201	27	220	30
	Total, England and Wales	—	37	—	39	—	41	—	43

As reported previously, the number of cancer deaths in Glamorgan, and particularly in the Cardiff Rural District, tends to be somewhat distorted owing to the deaths at the Cancer Therapy Unit at Whitchurch Hospital, which are non-transferable.

The reduction in the number of deaths from lung cancer noted in last year's report was not maintained, the number rising from 201 to 220. Deaths from all forms of cancer were greater in males than in females and the preponderance of male deaths is even more significant in lung cancer.



ADMINISTRATIVE COUNTY OF GLAMORGAN • CANCER DEATHS •



CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY
OF GLAMORGAN DURING THE YEAR 1957.

Causes of Death.	0-1 year.		1-5 years.		5-15 years.		15-25 years.		25-45 years.		45-65 years.		65-75 years.		75 and upward.		All ages.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Tuberculosis—Respiratory ..	—	—	—	—	1	1	—	2	10	20	36	5	22	1	5	2	73	29
Tuberculosis—Other ..	—	—	—	—	—	—	—	—	3	—	—	—	1	1	—	—	6	5
Syphilitic Disease ..	—	—	—	—	—	—	—	—	—	—	7	2	4	1	1	2	12	5
Diphtheria ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	3
Meningococcal Infections ..	3	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	3
Acute Poliomyelitis ..	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	2	1
Measles ..	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	1
Other Infective and Parasitic Diseases..	1	—	—	—	—	—	—	—	3	1	2	—	1	—	—	2	14	7
Malignant Neoplasm—Stomach ..	—	—	—	—	—	—	—	—	3	3	66	28	52	26	40	40	161	97
Malignant Neoplasm—Lung Bronchus..	—	—	—	—	—	—	—	—	1	1	109	12	71	5	18	3	199	21
Malignant Neoplasm—Breast ..	—	—	—	—	—	—	—	—	—	7	—	66	—	—	—	19	—	114
Malignant Neoplasm—Uterus ..	—	—	—	—	—	—	—	—	—	8	—	36	—	—	—	9	—	74
Other Malignant and Lymphatic Neoplasms ..	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Leukaemia—Aleukaemia ..	—	—	3	3	1	1	—	3	14	18	130	110	125	107	116	91	390	333
Diabetes ..	—	—	—	—	—	—	—	—	4	2	6	2	6	4	2	3	18	12
Vascular Lesions of Nervous System ..	—	—	—	—	—	—	—	—	1	2	6	9	17	17	7	13	18	41
Coronary Disease—Angina ..	—	—	—	—	—	—	—	—	6	13	108	140	165	215	266	368	546	738
Hypertension with Heart Disease ..	—	—	—	—	—	—	—	—	24	3	355	106	294	187	208	164	881	460
Other Heart Disease ..	—	—	—	—	—	—	—	—	2	1	33	18	37	38	40	49	113	106
Other Circulatory Disease ..	—	—	—	—	—	—	—	—	28	26	98	104	142	142	284	416	556	690
Influenza ..	—	—	—	—	—	—	—	—	5	3	44	23	48	53	100	144	198	224
Pneumonia ..	1	—	—	—	2	2	4	4	4	7	27	17	25	17	16	11	76	59
Bronchitis ..	26	13	4	3	3	3	1	—	2	3	36	29	32	21	62	56	173	128
Other Diseases of Respiratory System ..	4	—	3	—	—	—	—	—	3	3	147	19	192	35	113	65	463	123
Ulcer of Stomach and Duodenum ..	1	—	1	1	—	—	2	2	7	1	100	7	98	7	32	12	239	30
Gastritis, Enteritis, and Diarrhoea ..	—	—	—	—	—	—	—	—	2	2	26	5	18	5	9	7	55	16
Nephritis and Nephrosis ..	8	6	—	—	2	2	1	—	2	3	2	2	3	3	3	4	17	23
Hyperplasia of Prostate ..	—	—	—	—	—	—	—	—	11	3	17	15	3	6	5	3	37	29
Pregnancy, Childbirth, Abortion ..	—	—	—	—	—	—	—	—	—	—	3	—	27	—	53	—	83	—
Congenital Malformations ..	39	39	3	1	—	—	—	—	3	6	—	—	—	—	—	—	—	9
Other defined and ill-defined diseases ..	128	91	6	9	5	7	13	28	18	28	64	71	55	63	140	193	417	57
Motor vehicle accidents ..	—	—	5	2	10	2	7	15	15	1	6	5	6	1	8	2	57	18
All other accidents ..	6	5	5	2	5	4	17	2	39	1	48	11	15	14	24	25	159	64
Suicide ..	—	—	—	—	—	—	—	2	10	3	20	9	7	7	4	—	41	21
Homicide and operations of war ..	—	—	—	—	—	—	—	—	1	—	3	—	1	—	—	—	5	—
All causes ..	219	161	36	22	34	25	39	47	220	173	1,502	864	1,463	1,020	1,556	1,704	5,069	4,016

1957.

NOTIFICATION OF INFECTIOUS DISEASES.

				SCARLET FEVER		WHOOPING COUGH		DIPHTHERIA (Includes Mem. Croup)		MEASLES		ACUTE PNEUMONIA		Meningococcal Infection	ACUTE POLIO-MYELITIS		ACUTE ENCEPHALITIS		Dysentery	Ophthalmia Neonatorum	PUERPERAL PYREXIA		SMALLPOX		PARA-TYPHOID		ENTERIC FEVER		Food Poisoning	TUBERCULOSIS				ERYSIPELAS					
				Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate		Paralytic	Non-paralytic	Infective	Post Infectious			Cases	Rate per 1,000 Live Births	Cases	Rate	Cases	Rate	Cases	Rate		Cases	Rate	Pulmonary		Non-Pulmonary		Cases	Rate		
																																Cases	Rate	Cases	Rate			Cases	Rate
ADMINISTRATIVE COUNTY				624	0.84	1,797	2.43	—	—	7,534	10.17	713	0.96	42	43	12	—	2	161	7	121	10.02	—	—	5	0.01	—	—	134	572	0.77	82	0.11	47	0.06				
URBAN DISTRICTS				530	0.99	1,288	2.41	—	—	5,789	10.81	568	1.06	22	35	8	—	1	60	6	112	12.69	—	—	5	0.01	—	—	48	407	0.76	46	0.09	40	0.07				
RURAL DISTRICTS				94	0.46	509	2.48	—	—	1,745	8.51	145	0.71	20	8	4	—	1	101	1	9	2.76	—	—	—	—	—	—	86	165	0.80	36	0.18	7	0.03				
Health Division.				Constituent Districts.																																			
Aberdare and Mountain Ash				5	0.12	41	1.02	—	—	352	8.78	32	0.80	2	—	—	—	—	16	1	11	18.00	—	—	—	—	—	—	9	31	0.77	4	0.10	1	0.02				
				87	2.84	40	1.31	—	—	207	6.77	13	0.42	1	3	—	—	—	—	5	1	4	7.69	—	—	—	—	—	—	—	28	0.92	2	0.07	5	0.16			
Caerphilly and Gelligaer				9	0.24	22	0.59	—	—	414	11.09	5	0.13	1	3	1	—	—	5	1	8	12.01	—	—	—	—	—	—	1	15	0.40	1	0.03	—	—				
				25	0.69	79	2.18	—	—	666	18.37	22	0.61	—	4	2	—	—	—	1	—	2	3.00	—	—	1	0.03	—	—	1	31	0.85	1	0.03	6	0.17			
Mid-Glamorgan				17	1.15	122	8.24	—	—	225	15.19	4	0.27	2	3	—	—	—	—	—	17	61.15	—	—	—	—	—	—	—	8	0.54	1	0.07	—	—				
				60	2.65	27	1.19	—	—	172	7.60	38	1.68	1	—	—	—	—	—	1	—	2	5.48	—	—	—	—	—	—	—	25	1.10	4	0.18	6	0.27			
				26	1.17	107	4.82	—	—	418	18.85	85	3.83	2	4	—	—	—	—	1	—	2	5.90	—	—	—	—	—	—	15	12	0.54	4	0.18	—	—			
				5	0.48	56	5.43	—	—	197	19.11	—	—	1	—	—	—	—	—	—	—	1	7.69	—	—	—	—	—	—	—	7	0.68	2	0.19	—	—			
				17	0.48	58	1.63	—	—	576	16.15	11	0.31	—	4	—	—	—	—	71	—	4	6.71	—	—	—	—	—	—	—	23	0.64	7	0.20	1	0.03			
Neath and District				13	0.42	28	0.90	—	—	409	13.12	8	0.26	2	—	1	—	—	1	—	—	—	—	—	—	—	—	5	37	1.19	4	0.13	—	—					
				1	0.02	14	0.34	—	—	150	3.63	9	0.22	2	3	—	—	—	—	—	—	—	—	—	—	—	—	—	13	58	1.40	5	0.12	—	—				
Pontypridd and Llantrisant				23	0.89	57	2.21	—	—	73	2.83	62	2.40	7	—	1	—	—	—	1	3	6.42	—	—	—	—	—	—	15	0.58	1	0.04	—	—					
				53	1.41	19	0.51	—	—	66	1.76	10	0.27	—	5	2	—	—	—	3	9	15.38	—	—	2	0.05	—	—	—	27	0.72	5	0.13	—	—				
Port Talbot and Glyncoirwg				4	0.41	19	1.95	—	—	64	6.56	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	4	0.41	—	—	1	0.10					
				27	0.57	107	2.24	—	—	1,156	24.19	26	0.54	3	2	—	—	—	4	—	1	1.11	—	—	—	—	—	—	—	3	60	1.26	2	0.04	2	0.04			
South-East Glamorgan				28	0.67	83	1.98	—	—	875	20.82	32	0.76	—	5	—	—	1	—	—	45	58.82	—	—	—	—	—	—	11	40	0.95	3	0.07	6	0.14				
				32	0.82	126	3.22	—	—	568	14.50	34	0.87	5	1	3	—	1	—	—	1	1.69	—	—	—	—	—	—	—	1	28	0.71	14	0.36	2	0.05			
				—	—	2	1.98	—	—	14	13.86	1	0.99	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	0.99	—	—	—	—				
				11	0.57	77	3.99	—	—	319	16.52	16	0.83	2	—	—	—	—	2	—	1	2.78	—	—	—	—	—	—	—	67	4	0.21	3	0.16	1	0.05			
				13	0.68	56	2.92	—	—	194	10.10	100	5.21	5	1	—	—	—	20	—	2	6.23	—	—	—	—	—	—	—	2	10	0.52	1	0.05	2	0.10			
West Glamorgan				2	0.17	128	10.74	—	—	24	2.01	1	0.08	2	—	—	—	—	26	—	—	—	—	—	—	—	—	5	8	0.67	1	0.08	1	0.08					
				8	0.31	15	0.58	—	—	55	2.13	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	14	0.54	2	0.08	4	0.15				
				8	0.25	49	1.54	—	—	35	1.10	12	0.38	2	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	29	0.91	5	0.16	2	0.06				
Rhondda				Rhondda Borough				150	1.40	465	4.35	—	—	305	2.85	192	1.80	2	4	2	—	—	4	—	8	4.78	—	—	2	0.02	—	—	1	57	0.53	10	0.09	7	0.07

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